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CITY OF LIVERPOOL.



EDUCATION COMMITTEE.

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REPORT

ON THE WORK OF THE

SCHOOL MEDICAL SERVICE

FOR THE YEAR

1937

BY

W. M. FRAZER, M.D., M.Sc. D.P.H.,

*Medical Officer to the Education Authority*

*(Received by the Education Committee, 23rd May, 1938.)*



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F. C. LITTLETON, L.D.S.

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J. A. WOOD, L.D.S.

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(*Certifying Officer for Mentally Defective Children*).

W. E. Livsey, M.D., Ch.B. (*Oculist*).

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***Speech Therapist.***

Miss E. Osmond.

***Superintendent of School Nurses.***

Marian L. Nickson.

***Chief Clerk.***

F. J. Geldart.


*Also:—*66 Whole-time school nurses.  
4 Part-time school nurses.  
2 Orthopædic nurses.  
13 Clinic helpers.  
4 Dental attendants.  
31 Clerks.



## EXPLANATION OF TECHNICAL TERMS USED IN THIS REPORT

---

<b>Blepharitis</b> .....	Inflammation of the margins of the eyelids.
<b>Caries</b> .....	Decay of bone or teeth.
<b>Conjunctivitis</b> .....	Inflammation of the transparent membrane lining the front of the eye and the inner surface of the eyelids.
<b>Cornea</b> .....	The transparent part of the eye in front of the pupil.
<b>Corneal opacity</b> .....	An opaque condition of the cornea resulting from ulceration.
<b>Corneal ulcers</b> .....	Ulcers on the cornea or clear part in front of the eye.
<b>Furunculosis</b> .....	“Boils.”
<b>Granulations</b> .....	Proud flesh.
<b>Impetigo</b> .....	Contagious sores with yellow crusts on, often associated with dirty and verminous conditions.
<b>Intrathoracic Glands</b> ...	Glands inside the chest.
<b>Keratitis</b> .....	Inflammation of the cornea.
<b>Mastoid</b> ... ..	The mastoid bone which lies immediately behind the ear, and communicates internally with it.
<b>Mesenteric Glands</b> ...	Lymphatic glands in the abdominal cavity.
<b>Myopia</b> .....	Short sight.
<b>Orthopædics</b> .....	Rectification of deformities in children.
<b>Osteotomy</b> .....	An operation involving the cutting of the bone.
<b>Osteoclasis</b> .....	Another form of bone operation.
<b>Otitis media</b> .....	Inflammation of the inside of the ear.
<b>Ozæna</b> .....	A form of rhinitis associated with an unpleasant odour.
<b>Otorrhœa</b> .....	A discharge from the ear (running ear).
<b>Pediculosis</b> .....	Infection with lice.
<b>Polypi</b> .....	Growths hanging by a stalk.
<b>Rhinitis</b> .....	Inflammation of the mucous membrane of the nose.
<b>Scabies</b> .....	A contagious skin condition commonly known as “itch.”
<b>Scoliosis</b> .....	A form of spinal curvature.
<b>Spastic paralysis</b> .....	A form of paralysis producing rigidity.
<b>Talipes</b> .....	Club-foot.
<b>Torticollis</b> .....	“Wry-neck.”
<b>Turbinate bones</b> .....	Bones in the nose.
<b>Zinc Ionisation</b> .....	A method of treating disease of the ear by means of a zinc solution applied electrically



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# CITY OF LIVERPOOL.

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## EDUCATION COMMITTEE.

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### REPORT of the MEDICAL OFFICER to the Education Authority for the Year ended 31st December, 1937.

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The Medical Officer submits herewith his Report on the work of the School Medical Service for the year 1937.

1. There has been no change in the arrangements for carrying out the work of medical inspections of the children attending the Public Elementary, Special and Higher Schools, though in June the scheme was extended so as to include juveniles attending the Committee's Junior Instruction Centres.

2. The following changes in the Staff occurred during 1937. Early in the year Dr. Clarke and Dr. McLoughlin resigned, and their places were filled by Dr. Godwin and Dr. McConkey, whilst Dr. Twomey was appointed to fill the vacancy caused by the death, in 1936, of Dr. MacRae.

Of recent years there has been a steadily diminishing number of candidates applying for the post of school medical officers, a difficulty which is also being generally experienced throughout the country, and on more than one occasion during the year the Committee had to re-advertise in order to fill vacancies. This delay in securing experienced officers is reflected in the diminution in the numbers of routine cases examined as compared with the previous year.

The dental staff was increased to 12 by the appointments of Mr. E. Crosbie and Mr. Prysor-Jones.

From the commencement of the School Medical Service, Health Visitors engaged on school medical work were supplied by the Health Department, but from July, 1937, at the request of the Hospitals and Port Health Committee, the Education Committee decided to take over full responsibility for the appointment, payment and accommodation of the School Health Visitors.

3. The following additions and alterations in connection with the Clinic arrangements were made during the year:—

The North Corporation Defective Vision Clinic was transferred to St. Anne Street in August.

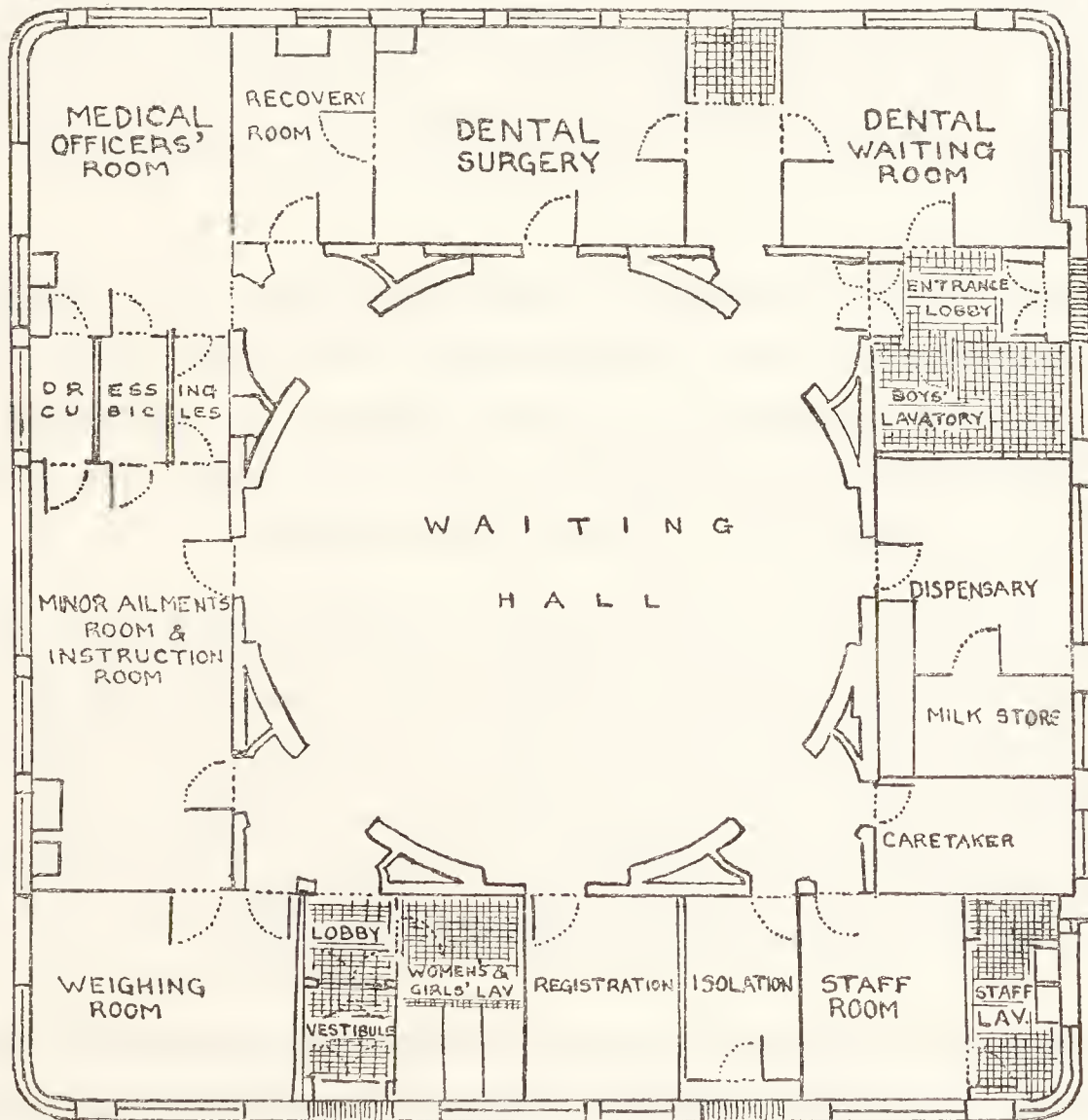
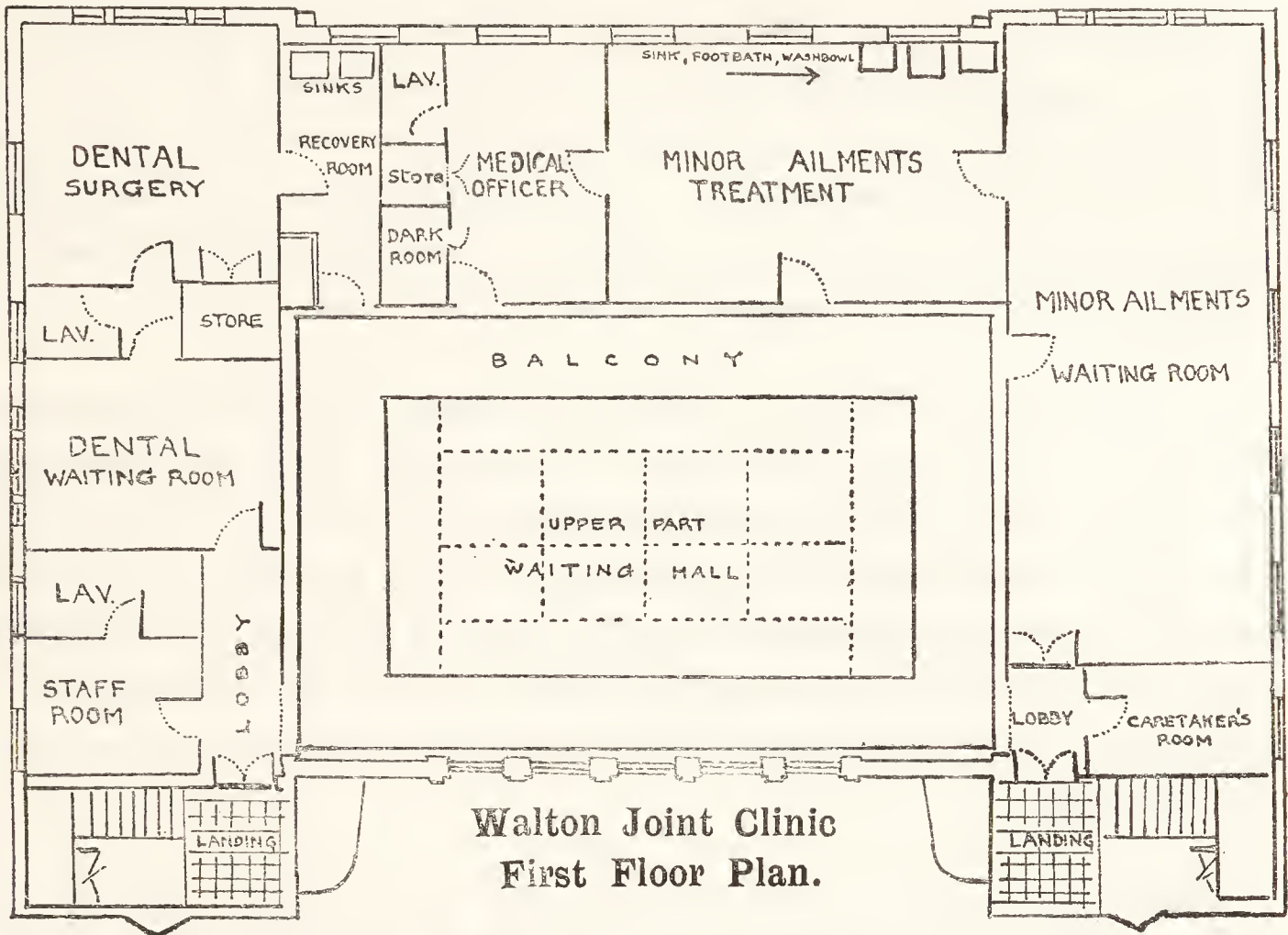
The Dental Hospital Clinic was transferred to Sugnall Street in September.

The St. Dunstan's Minor Ailments Clinic was transferred to the Balfour Institute in December.

Two Clinics which had been erected to serve both the Maternity and Child Welfare and School Medical Departments were opened in the Fazakerley and Walton districts in August and October respectively. Plans of the rooms used for the school medical work are shewn on the opposite page. In the case of the Walton Clinic there is also an Orthopædic section, which, being on the ground floor, is not shown in the plan.

The City is now fairly well supplied with Clinics, except in the Anfield neighbourhood, where an additional Minor Ailments and Dental Clinic is desirable, as the children in that district have at present rather far to go for clinic treatment.

4. At the end of 1936 two of the Board's Medical Officers made a full inspection of the School Medical Service in Liverpool, and a few months later the Board sent to the Authority a summary of these Officers' reports.



Whilst in the main the Board's Report was commendatory, several suggestions were made in it for extensions and improvements in the Service, in particular, the need for extending the scope of the School Dental Service. A deputation from the Committee went up to London at the end of the year to discuss with representatives of the Board the suggestions which had been made.

5. In 1934 the Board of Education issued their Administrative Memo. No. 124 with the object of securing that the statistical returns from the various education authorities relating to the nutrition of children should be recorded in a more precise and uniform manner, and they requested that the state of each child's nutrition should for the future be classified under one of the following four categories:—(A) Excellent, (B) Normal, (C) Slightly subnormal, and (D) Bad.

That there was a need for securing more uniformity in the assessment of nutrition had been made evident by the widely divergent figures for malnutrition which had previously been returned by many of the various Education Authorities throughout the country.

Moreover, the lay press and certain sections of the public were taking an active interest in the question of nutrition, and the figures relating to the nutrition of school children, as published in the "Health of the School Child", were being made use of for the purpose of comparing one district with another.

In his report on the Liverpool School Medical Service for 1935, the Medical Officer wrote "Until school medical officers have a clearer mental picture of the types of children to be included in each of the nutritional groups, the figures returned by the various authorities will not be recorded in a 'precise and uniform manner', and will not, therefore, be justifiably comparable."

In the memorandum previously referred to, the Board expressed the desire that school medical officers should carry out nutrition surveys of all school children within their areas. It was, however,

found in Liverpool that the general nutrition surveys recommended by the Board entailed much more work than had been anticipated, and even with the assistance of two additional medical officers appointed it was possible to carry out these full surveys in only about one-third of the schools, the schools selected for these surveys being those in the poorer neighbourhoods. In the remaining schools, a modified form of the full survey was carried out.

A considerable amount of labour is involved in the full nutrition surveys, and it was thought that if a reliable, yet simple objective index of nutrition could be discovered, this might be applied in the schools by nurses, for the purpose of selecting those cases in which the index suggested the desirability of a medical examination.

An "index of nutrition" is a formula correlating certain physical measurements, such as height and weight, and is intended to indicate whether or not a person is satisfactorily nourished. Perhaps the best known of these indices is a Table showing the weight of the average person at any given height and age, the presumption being that a person is ill-nourished if his weight falls below the average by, say, 10 per cent. or more. It was impossible anywhere in the extensive literature on the subject to ascertain either which index was best or the precise value of any of the indices in picking out ill-nourished children.

The ideal index of nutrition would select only all the children required and no others. Less efficient indices would select, in addition, other children whose medical examination would turn out to be unnecessary. But if the ideal index involves much time and trouble, and if it necessitates the services of highly paid technicians, it may prove more expensive than less efficient indices. The simplicity of an index, and the time necessary to apply it, are of great practical importance, and no index, however efficient, would be widely used by school authorities unless it satisfied the follow conditions:—

1. The measurements required should be sufficiently straightforward for them to be made accurately by school nurses as a matter of routine.

2. Any calculations involved should be few and easy, but preferably the results should be directly obtainable by reference to a simple table.

3. The whole process should be so speedy that it could be applied to a large school population without necessitating any considerable additional staff or materially interfering with the existing organisation.

6. Mr. D. Caradog Jones, of the Department of Social Science of the University of Liverpool, who had previously co-operated with the School Medical Service in research work, was approached with the object of securing his co-operation in a special investigation in order to discover whether any index could be relied upon for use in nutrition surveys, and he arranged for Mr. R. H. Jones, B.Sc. (Econ.), one of his research students, to conduct this investigation.

The investigation was commenced in Liverpool in 1935, and was carried on over a period of some two years. The results of Mr. R. H. Jones' investigations were read by him, in November, 1937, before the Royal Statistical Society, which Society awarded him the Frances Wood Memorial Prize for his work.\*

A résumé of his paper is given on pages 19 to 27 in this Report.

Perhaps the most interesting points which resulted from the investigation were (*a*) the occurrence of considerable discrepancies between the classifications of the nutrition of the same children recorded by different doctors, and (*b*) the marked inconsistencies which were found between the judgments of the same doctors in successive examinations of the same children.

Admittedly some variations in the classifications were to be expected, but not to such an extent as proved to be the case. These discrepancies must not be regarded as reflecting on the skill of the doctors concerned, who had been asked to classify the nutrition of the children into four groups, between any contiguous two of which

\* "Physical Indices and Clinical Assessments of the Nutrition of School Children," by R. Huws Jones. Published by the Royal Statistical Society.



there is no clear line of demarcation. They do show, however, that too much importance has in the past been attached to returns furnished by local authorities concerning the nutrition of the children in their areas, which were based on clinical assessments.

7. Whilst this introduction was being written, an article was published by the Senior Public Health Statistician of the United States Public Health Service, entitled "Reliability of Medical Judgments on Malnutrition". The report stated that in view of the fact that the statistics relating to the prevalence of malnutrition in parts of the United States were being made use of for comparing one area with another, and also the effectiveness of various remedial measures, it was arranged for six men specialists each to examine the same group of boys and five women specialists each to examine a comparable group of girls, in order to test the validity of clinical assessments of nutrition. The results of these investigations were disconcerting, and very similar to those of the Liverpool investigation in revealing a considerable lack of unanimity between the different doctors in their classifications of the nutrition of the children.

In the summary to the American report, the opinion was expressed that the differences in the judgments of doctors are so great that estimates based on a single examination are of little value in determining the relative amount of malnutrition among any group of children at any one time, or changes in the amount from one time to another.

In nutrition surveys there can be little doubt that very few of the definite cases of malnutrition are overlooked, and it is only over the milder degrees of subnormal nutrition that difficulties are likely to arise. For diagnosing this latter type of case, when due to vitamin deficiency, certain laboratory tests have already been devised, but the application of such laboratory methods are not practicable in connection with school medical work.

The question of nutrition being of such fundamental importance, it is highly desirable that further research should be carried out in

order to discover some more reliable method of assessing nutrition, whether by means of physical measurements or otherwise, in order that the figures for any area could not only be reasonably compared with those of another area, but also with its own figures for previous years.

Pending the solution of this problem, it would appear that the selection of cases for the granting of free meals or milk should be made on a financial rather than on a clinical basis.

8. The Medical Officer would express his appreciation of the very thorough and painstaking way in which Mr. R. H. Jones carried out his part of the investigation, involving as it did much study and many statistical calculations. He would also like to thank Mr. D. Caradog Jones for his advice throughout the research and for his general supervision of the statistical side of the work whilst it was being carried out.

9. Further, the Medical Officer begs to acknowledge the ready and generous assistance of all those head teachers who co-operated in the investigation.

10. As in previous years, several of the medical and dental officers have, outside their official duties, given up their time to lecturing to parents or children, or given first-aid lectures at Junior Instruction Centres, etc. In this connection he would like to mention the following:—Dr. Atkinson, Dr. Clouston, Dr. Howard, Dr. McHugh, and Mr. Parsons.

11. The Medical Officer is indebted to the Director of Education for information supplied with regard to certain sections of this Report, relating in particular to the work in connection with the Special Schools, Provision of Meals, and Juvenile Employment.

12. The complete statistical tables required by the Board of Education concerning the work carried out appear in Appendix "A" and Appendix "B", but a summary of the work undertaken, together with certain other information, is here given.

## CITY OF LIVERPOOL.

## GENERAL STATISTICS.

Estimated Population	...	...	...	...	...	867,110
Area, in acres...	...	...	...	...	...	27,321
Density of population, per acre	...	...	...	...	...	32
Number of Public Elementary Schools	...	...	...	...	...	196
Accommodation	...	...	...	...	...	161,222
Average number on rolls	...	...	...	...	...	132,884
Average attendance	...	...	...	...	...	117,328 (88·3%)

## GENERAL SUMMARY OF WORK CARRIED OUT.

## 1. By School Medical Officers :—

## (a) Medical Inspections :

	Public Elementary Schools.	Higher Schools.	Special Schools.	Nursery Schools.	Junior Instruction Centres.	TOTALS.
Routine Inspections	39,552	6,828	437	169	—	46,986
Special Inspections	60,029	257	69	8	933	61,296
Re-inspections ...	107,208	6,796	1,286	137	219	115,646
<b>TOTAL INSPECTIONS</b>	<b>206,789</b>	<b>13,881</b>	<b>1,792</b>	<b>314</b>	<b>1,152</b>	<b>223,928</b>

## (b) Treatment carried out :

Cases of miscellaneous minor ailments	...	...	...	...	...	28,709
„ „ skin diseases	...	...	...	...	...	5,075
„ „ eye diseases	...	...	...	...	...	3,485
„ „ ear diseases	...	...	...	...	...	3,412
<b>TOTAL</b>	...	...	...	...	...	<b>40,681</b>

## 2. By Specialist Officers :

## Treatment carried out :

(a) No. of cases operated upon at Tonsils and Adenoids Clinic	...	1,328
(b) „ „ „ dealt with by Surgeon at Orthopædic Clinics...	...	1,016
(c) „ „ „ of defective eyesight treated by Oculists at Clinics or own rooms	...	5,932
(d) „ „ „ treated by X-rays	...	25
(e) „ „ „ dealt with at Aural Clinics	...	656
<b>TOTAL TREATED BY SPECIALISTS</b>	...	<b>8,957</b>

## 3. By School Dental Officers :—

Elementary School Children treated at Clinics	...	25,393
Special and Approved School Children treated	...	733
Maternity and Child Welfare cases treated	...	271

## List of School Clinics showing the Treatment carried out.

	TREATMENT CARRIED OUT.						
	Aural.	Cleansing.	Defective Vision.	Dental.	Minor Ailments.	Ortho-pædic.	Tonsils and Adenoids.
Balfour Institute ... (Opened Dec., 1937 in place of St. Dunstan's Clinic)	...	...	...	...	X	...	...
Burlington Street ...	...	...	...	X	...	...	...
Clifton Street, Garston ...	...	X	X	X	X	...	...
Dental Hospital ... (Closed Sept., 1937)	...	...	...	X	...	...	...
Dingle House ...	...	...	...	...	...	X	...
Dovecot ...	...	...	X	X	X	...	...
Eldon Place ...	...	X	...	...	...	...	...
Everton Road ...	X	X	X	X	X	X	...
Fazakerley ... (Opened Aug., 1937)	...	...	...	X	X	...	...
Moss Street ...	...	...	...	...	X	...	...
Netherfield Road...	...	...	...	X	...	...	...
Norris Green ...	X	X	X	X	X	...	...
North Corporation ...	X	...	...	...	X	...	...
North Dispensary ...	...	...	...	...	...	...	X
Northumberland Street ...	...	...	...	X	X	...	...
North Way ...	...	...	...	X	...	...	...
Old Swan ...	...	...	...	...	X	...	...
Smithdown Lane ...	...	X	...	...	...	...	...
South Dispensary ...	...	X	...	...	...	...	...
St. Anne Street ... (Opened Aug., 1937)	...	...	X	...	...	...	...
St. Dunstan's, Fearnside Street ... (Closed Dec., 1937)	...	...	...	...	X	...	...
Sugnall Street ... (Opened Sept., 1937 (Dental)) (Opened Dec., 1937 (M.A.))	...	...	...	X	X	...	...
Walton ... (Opened Oct., 1937)	...	...	...	X	X	X	...
Westminster Road ...	...	...	...	...	X	...	...

### NUTRITION.

13. In 1935 arrangements were made with Mr. D. Caradog Jones, M.A., Senior Lecturer in Social Statistics of the Department of Social Science of Liverpool University, for research to be carried out by Mr. R. H. Jones, B.Sc. (Econ.), then a research student in that Department, with the object of finding out whether any combination of physical measurements, expressed as a formula, could usefully be employed as a screen or sieve for picking out children who, on account of subnormal nutrition, should be seen by a medical officer.

The main part of the research was conducted in Liverpool, and 2,500 schoolboys, representative of all types of schools, were medically examined by a school medical officer specially selected for the purpose, and at the same time Mr. Jones obtained particulars as to the height and weight and the chest and hip measurements.

After collecting the data, the first step was to compare the physical measurements of the boys in the various types of schools. It was found that, on the average, boys in the poorer schools weighed less and were shorter than boys in socially better types of schools. For example, at age 6 boys in good elementary schools were approximately 5% heavier and 4% taller than boys in poor elementary schools. Again, at age 13, boys in secondary schools were, on the average, about 15% heavier and 6% taller than boys in poor elementary schools. In chest girth, however, the differences between these different types of schoolboy were very small and often not significant.

A comparison was then made between the physical measurements of boys attending the same types of school, but clinically classified by the doctor as of different grades of nutrition. For example, one might enquire how the boys of excellent nutrition in poor elementary schools, compared in height, weight and chest with boys of inferior nutrition in the same type of school? The analysis showed that, in all types of schools, the boys who had been classified as of excellent nutrition were, on the average, more than 25%

heavier, 8% taller, and had chest measurements 20% greater than boys classified as of subnormal nutrition.

It was interesting to find that, although differences in chest measurements were not distinguishable between boys of different social classes, they were very marked when boys of different grades of nutrition within the same social class were compared.

14. The next step was to test and compare every known Index and, in addition, several indices devised during the course of the enquiry, but many indices had to be rejected because they appeared too complex in character, too difficult to apply, or too time-consuming, for use in a routine process. In all, experiments were carried out on 26 indices.

The investigation showed that indices which involve chest or hip measurements were, generally speaking, not so good as those based on weight and height alone. In fact the indices which agreed best with the school medical officer's estimate were those which related weight to height directly. On the whole, Tuxford's\* index agreed most closely with the school medical officer's judgments.

Tuxford's index, which may be described as a "nutrition quotient," comes out at about 1,000 for average children. The index figure diminishes as nutrition (clinically assessed) falls below average and increases as nutrition improves.

The experiment was tried of fixing the lower limit of the "normal" zone at 970. Thus, every boy whose index was 970 or lower was picked out as of subnormal nutrition according to the index, and by so doing practically one-third of the 850 boys examined in "poor schools" were screened. The boys thus sifted were found to include over 80 per cent. of those classified by the

\* This index is obtained by dividing weight by height and multiplying the product by a factor which varies according to age and sex :

$$\text{Tuxford's Index (for boys)} = \frac{\text{Weight in kilogrammes}}{\text{Height in centimetres.}} \times \frac{381 - \text{Age in Months.}}{54}$$

school medical officer as being of subnormal nutrition, nearly 50 per cent. of the boys whom the medical officer considered to be on the borderline of normal nutrition and 13 per cent. of those whom he had regarded as normal. The index did not pick out any of the boys who had been classified as of good or excellent nutrition.

15. As it was considered that there would probably be some degree of variability in clinical assessments of nutrition, it was thought desirable to investigate the extent of such variability and to discover, if possible, to what extent the judgments of the particular medical officer who had carried out the clinical assessments of nutrition could be regarded as representative of those of his colleagues. Accordingly it was arranged for this officer, together with three other experienced doctors from the Liverpool School Medical Service, to assess the nutrition of 142 boys independently but on the same occasion.

The results of the comparison were disquieting. For example, one doctor considered seventeen boys, while another considered one only, to be of excellent nutrition; again, one doctor regarded eight boys as definitely subnormal, and another twenty-three. The median correlation between the doctors' judgments was as low as .6.

16. Using the Board of Education's classification, which recognises four grades of nutrition—Excellent, Normal, Slightly Subnormal, and Bad—these doctors agreed unanimously on just about one-half of the boys. In the other half there was a difference of opinion of one grade, and in four instances even to the extent of two grades. Thus, one doctor reported a boy excellently nourished while another classified him as subnormal; and one doctor recorded as badly nourished another boy whom a second doctor considered to be normal.

If an attempt be made to distinguish between those boys who were satisfactorily nourished (grades Excellent and Normal) and those who were unsatisfactorily nourished (grades Slightly Subnormal and Bad) it is found that, over this crucial question of

whether a boy is satisfactorily nourished or not, the doctors disagreed in their classification in one out of every three cases they examined.

Whilst some variation in the clinical assessments of nutrition by different doctors was only to be expected, such extreme variation was certainly not anticipated. In order to test whether school medical officers in other districts were also inconsistent in their judgments concerning nutrition, similar experiments were repeated in certain other areas. In these enquiries 20 school medical officers, drawn from 12 other local authorities, took part. On the whole, the results of the experiments in these other areas closely resembled those obtained in Liverpool. Thus, in one experiment in another part of the country, 6 doctors examined 100 children; they agreed unanimously on only 19 of them, and in 17 instances the same children were placed in three different grades of nutrition.

It is, however, theoretically possible for doctors to differ in their opinion of a child's nutrition, and yet for each doctor to be consistent in his own judgments. His standards, though different from those of his colleagues, may be constant, and uniformly applied. The next step in the procedure was therefore to enquire into the consistency of individual doctors in their assessments of the nutrition of the same children. The Medical Officer of a county area was good enough to arrange for five members of his medical staff to classify the nutrition of 193 boys attending two schools in the area, and after the end of a week to classify the nutrition of the same boys again.

17. The accompanying table (Table I) shows how the nutrition of the 193 boys concerned in this experiment was classified by the five doctors on the two separate occasions.



Table I.  
Changes within each Grade of Nutrition between 23/2/37 and 2/3/37 according to Doctors' Assessments.

2.3.37.

	Doctor 1.				Doctor 2.				Doctor 3.				Doctor 4.				Doctor 5.								
	A.	B.	C.	D.	Totals.	A.	B.	C.	D.	Totals.	A.	B.	C.	D.	Totals.	A.	B.	C.	D.	Totals.					
A.	19	17	—	—	36	11	5	—	—	16	6	2	—	—	8	16	3	1	—	20	11	1	—	—	12
B.	28	116	2	—	146	12	116	9	—	137	8	112	13	—	133	16	52	15	—	83	7	108	9	—	124
C.	1	9	1	—	11	—	26	14	—	40	—	33	19	—	52	—	16	56	4	76	—	20	36	1	57
D.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	9	14	—	—	—	—	—
Totals	48	142	3	—	193	23	147	23	—	193	14	147	32	—	193	32	71	77	13	193	18	129	45	1	193

The table is divided into five sections, one for each of the doctors concerned. Within each section the rows give the number of boys placed in each grade of nutrition in the first examination, and the columns show the grade in which those boys were placed a week later. For example, taking doctor 1, it will be seen that he placed a total of 36 boys in Grade A in the first examination. In the second examination 19 of these 36 remained in Grade A, while 17 were placed in Grade B. Similarly, of the total of 146 boys in Grade B on the first examination, 28 were moved up to Grade A, and 2 were moved down to Grade C, on the second occasion. In the same way it will be seen that of the total of 11 boys in Grade C on the first date, one only remained in that grade, while 9 were moved to Grade B and one to Grade A.

An analysis of the results of this experiment brought to light several features calling for comment.

(i) The first was the variations in the numbers placed in the respective categories of nutrition by the same doctors on the two occasions. Table 2 shows that all the doctors on the second occasion placed more boys in the "A" Group (Excellent) than they did on the first occasion and with one exception they reduced the number of those placed in the "C" Group (Subnormal). This may be accounted for to some extent by the fact that one of the schools concerned was situated in a good neighbourhood, whilst the other was in a poor neighbourhood, and that on the first occasion the boys from the good school were examined before the poorer boys, while on the second occasion this order was reversed. It is therefore possible that on both occasions when the doctors came to examine the boys at the second school, their judgments had unconsciously become biased as the result of having just previously examined boys of a different social grade.

Table 2.

Distributions of Nutrition according to School Medical Officers in the same Population on 23/2/37 and 2/3/37.

Nutrition.	Doctor 1.		Doctor 2.		Doctor 3.		Doctor 4.		Doctor 5.	
	Examination.		Examination.		Examination.		Examination.		Examination.	
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
A.	36	48	16	23	8	14	20	32	12	18
B.	146	142	137	147	133	147	83	71	124	129
C.	11	3	40	23	52	32	76	77	57	45
D.	—	—	—	—	—	—	14	13	—	1
TOTALS ...	193	193	193	193	193	193	193	193	193	193

(ii) The second point was that, on the average, these doctors placed one boy out of every four in a different grade of nutrition at the second examination. One doctor changed a boy's assessment from "slightly subnormal" to "excellent" whilst another changed an "excellent" into "slightly subnormal", and this occurred after the lapse of only 7 days.

(iii) Another noteworthy point was the extraordinary differences which occurred between the distributions of nutrition reported by these medical colleagues. To illustrate, out of 193 boys, one doctor assessed only 3 as below normal, while the others recorded 23, 32, 46 and 90. At the same examination one doctor reported 48 boys as "excellent", while others reported 14, 18, 23 and 32.

This experiment was repeated in another area with five doctors drawn from three local authorities, and, although the divergencies were not so extreme, the results were on the whole similar to those obtained previously.

(iv) But for the practical purpose of selecting children for meals or milk it is sufficient to subdivide the nutrition into two main groups only, the Satisfactory, namely, the Excellent and the Normal of the Board's Classification, and the Unsatisfactory, namely, the Slightly Subnormal and the Bad. If this

classification be adopted it is important to know how far these doctors were consistent in assessing the nutrition of the boys as unsatisfactory. Expressing the results in percentages, it may be said that, on the average, out of 100 boys recorded as unsatisfactory on one occasion or the other, only 29 were recorded as being unsatisfactory on *both* occasions.

18. In some of the enquiries reported above, the heights and weights of the boys were recorded, and Tuxford's index was applied. The results obtained in one representative experiment are shown in Table 3. In this Table each doctor in turn is taken as "Standard", and the number of boys whom he considered to be subnormal is shown in the second column. The remaining columns show how many of these boys were found subnormal by each of the other doctors and by the index. For example, Doctor 1 found 19 boys subnormal; Doctor 2 found 14 of these subnormal; Doctor 3 found 15 and Doctor 4 found 13. The index, however, found 17 of the boys subnormal, and thus agreed with Doctor 1 better than did any of his colleagues. In 8 out of the 12 possible comparisons the index agrees with the standard more closely than did a doctor; twice it agreed as closely, and twice less closely. As a result of several similar experiments it became clear that, if it be desired to pick out the boys said to be subnormally nourished by any doctor, then, on the average, the index may be relied upon to do this at least as well as another doctor.

**Table 3.**

Taking as Standard.	No. of Boys found Subnormally nourished by Standard Doctor.	No. of Boys in the previous column whom the other doctors and the Index also agreed were Subnormally nourished.				
		Doctor 1.	Doctor 2.	Doctor 3.	Doctor 4.	Index.
Doctor 1	19	—	14	15	13	17
Doctor 2	37	14	—	28	26	32
Doctor 3	33	15	28	—	24	30
Doctor 4	35	13	26	24	—	30

19. In conclusion, it may be said that perhaps the most important part of this inquiry is that concerning the reliability of

clinical assessments. In this enquiry the doctors concerned were experienced officers who were invited to take as much time as they desired over the assessment of each boy's nutrition. Nevertheless, they showed important disagreements with each other and also, in some experiments, with their own assessment of the same population after a short time interval. It would thus appear that, in a given school population, the numbers recorded in the various nutrition categories, and the identities of those placed in the respective categories—are to a considerable extent dependent upon the doctor who makes the examination, who is himself liable to vary in his judgments. It must be emphasised that the present criticism is directed against the method, not against the doctors concerned.

It would appear, therefore, that too much reliance must not be placed on clinical assessments of nutrition, and that valid comparisons cannot be made between the statistics of nutrition obtained at different times and from different places.

20. The following table shows the average heights and weights of the children at the three age groups in certain representative schools, the average for the years 1909, 1921 to 1925, and 1934 to 1936 being given for comparison purposes.

From the table it will be seen that since 1909 there has been a very considerable all-round improvement in the average heights and weights of the children.

**Table 4.**  
**Physical Measurements in Representative Schools.**  
**Heights (in inches).**

Age.				1909.	1921-1925.	1934-1936.	1937.
Boys.							
5 years	...	...	...	40·2	41·1	42·0	42·2
8 „	...	...	...	—	47·3	48·3	48·4
12 „	...	...	...	54·3	54·0	55·2	55·4
Girls.							
5 years	...	...	...	39·5	40·9	41·6	41·9
8 „	...	...	...	—	46·9	48·1	47·6
12 „	...	...	...	55·0	54·4	56·1	56·5

## Weights (in lbs.).

Age.				1909.	1921-1925.	1934-1936.	1937.
Boys.							
5 years	...	...	...	36·7	39·5	39·7	39·7
8 "	...	...	...	—	51·8	52·9	54·0
12 "	...	...	...	70·3	71·6	74·1	75·8
Girls.							
5 years	...	...	...	36·9	38·6	38·2	38·8
8 "	...	...	...	—	50·5	51·8	52·7
12 "	...	...	...	72·5	72·8	77·8	79·6

21. Full nutrition surveys have been carried out in 62 schools in the poorer neighbourhoods, at the time of the routine inspections of these schools.

At such surveys the school medical officers pass under general review all the children in attendance, and select for detailed examination children whose nutrition does not appear to them to be obviously normal, after which examination they recommend to the School Meals Department cases suitable for the provision of milk or meals or both. Visits are then paid to the homes by the school attendance officers for the purpose of ascertaining the financial circumstances of the parents, for the information of the Meals Committee, who decide whether or not such extra nourishment should be granted free.

In those schools in which full nutrition surveys are not undertaken, the school medical officers specially examine, from the point of view of nutrition, only those children who are already in receipt of meals or milk, and any other children brought forward by the head teachers as possible cases of subnormal nutrition.

22. The following table shews in percentages the assessment of the nutrition of the children in the 62 schools where full nutrition surveys were carried out, and also the percentages of the children who were already in receipt of free meals, free milk, or both.

Table 5.

## NUTRITION SURVEY SCHOOLS.

Nutrition.	At Time of Survey CHILDREN RECEIVING				Totals.
	Free Milk only.	Free Meals only.	Free Meals and Milk.	Neither Free Meals nor Milk.	
Excellent or normal... ..	3,392	145	955	30,297	34,789
Slightly subnormal ... ..	5,660	51	1,776	4,204	11,691
Bad ... ..	84	3	31	75	193
TOTALS ... ..	9,126 (19·56%)	199 (·43%)	2,762 (5·92%)	34,576 (74·09%)	46,673 (100·00%)

The average attendance in these schools was nearly 47,000, which is equivalent to 38·5 per cent. of the total average school attendance of the City.

In addition to those subnormally nourished children who were getting free meals or milk, there were some 2,236 or 18·8 per cent. of the total subnormally nourished children who were paying for milk supplied daily under the Milk Marketing Board's Scheme.

As a result of the surveys 153 additional children were recommended for free meals, 140 for free meals and milk and 1,701 for free milk, whilst in 1,146 instances the medical officers reported that, on medical grounds, the provision of free meals, free milk or both, was no longer considered necessary.

In the schools in which a full nutrition survey was not carried out, 1,619 children were recommended for free milk, or free meals, or both, in addition to those who were already having these. In 1,535 instances the medical officers reported that on medical grounds the continuance of the free meals, free milk, or both, was no longer considered necessary.

From the practical point of view the nutrition surveys have been of value in securing that many children in need of meals or milk have been provided with such extra nourishment.

### PROVISION OF MEALS AND MILK.

23. In order to secure a healthy adult population it is of primary importance that during the period of growth an adequate and properly balanced diet should be provided, for the purpose of supplying those materials necessary for the satisfactory growth and development of the body, and also for maintaining health and resistance to disease.

In this connection it is unfortunate that the more important food materials, namely, the first class proteins, animal fats and vitamins, are more expensive than the relatively less important second class proteins, vegetable fats and carbohydrates, and investigations have shewn that as the family income per head decreases, so the family dietary tends to become deficient in the more important food materials referred to above, and to be comprised largely of the less important foods.

The ideal would be for, not only the children but all the members of all families, to have proper meals prepared at home, but as this ideal is as yet impossible to achieve, the provision of meals and milk by education authorities is a very valuable means of improving the nutrition of the children.

The law, as it stands at present, does not permit education authorities to supply free meals or milk as a preventive measure, but only when children are unable by reason of lack of food to take full advantage of the education provided for them or, in other words, only after lack of food has affected the children physically or educationally.

But when a slight deficiency in one or more of the essential food constituents in the diet takes place, months may elapse before it can be truthfully said that a child has become perceptibly unable to take full advantage of the education provided, by which time, however, the child's constitution may have become undermined.

It would appear, therefore, that it would be a much better preventive measure if the giving of free meals or milk on a financial rather than on a clinical basis could be legalised.



24. Free dinners have been provided for necessitous school children on week-days during term time and school holidays. The meals were cooked at the Central Kitchen, Green Lane, and distributed to the following Centres:—

#### DINING CENTRES.

Banks Road Council School. 202-208, Burlington Street.	Wellington Road Congregational Mission Hall.
Sacred Heart Hall, Doddridge Street.	Chalmers Hall, Westminster Road.
Everton Terrace Council School.	St. Nathaniel's Hall, Dinorben Street. (Opened 11.1.37.)
St. Luke's Hall, Goodison Road.	Salvation Army Hall, China Street. (Opened 18.1.37.)
Presbyterian Church of England Hall, Green Lane.	Presbyterian Church, Fountains Road. (Opened 1.2.37.)
Hebrew School, Hope Place.	Methodist Church Hall, Laburnum Road. (Opened 3.5.37.)
St. Mary's Hall, Kinglake Street.	Prince Albert Gardens, St. James Street. (Opened 24.5.37.)
Salvation Army Hall, Longmoor Lane.	St. Mary of the Angels Hall, Everton Brow. (Opened 1.11.37.)
Longreach Road Dining Centre.	Welsh Congregational Church, Grove Street. (Opened 22.11.37.)
Norris Green Meals Centre.	Dingle Lane Special School. (Closed 15.1.37.)
Northumberland Street School.	30, Cleveland Square. (Closed 22.5.37.)
"Caledonian" School, Oldham Street.	Queensland Street School. (Closed 9.7.37.)
Salvation Army Hall, Park Road.	Girls' Club, 61, Shaw Street. (Closed 30.10.37.)
Richmond Terrace School.	
St. Aidan's Hall, Commercial Road.	
Major Lester Council School, Sherlock Street.	
St. John's Church Hall, Steble Street.	
"Underlea," Sudley Road.	

The Dining Centre opened in a room in one of the tenement blocks in Prince Albert Gardens, is the first Centre to be provided in Municipal Housing Tenements erected in the older part of the City. The dining premises are rented from the Housing Committee, and the Children's Meals Committee have installed heating and other equipment.

Arrangements have been made with the Housing Committee to reserve accommodation for a Dining Centre in the new housing area in Caryl Street, Toxteth, and also in St. Andrew's Gardens, Pembroke Place. Further Centres are still needed, and the Committee is negotiating for the renting of suitable premises.

Throughout the year, the aim has been to improve the amenities of the various centres, and to provide facilities for the quicker and

better service of meals. A superintendent has been appointed to each dining centre, and the staff of assistants increased. The utilisation of young girl assistants is being discontinued as vacancies arise, women being appointed to replace them.

25. Two local caterers in the outskirts also supplied meals for small groups of children, who, owing to distance, could not attend one of the Committee's main dining centres.

Arrangements have been made for necessitous scholars attending the Arundel, St. Margaret's, Anfield, and the St. Elizabeth's R.C. Central Schools to have their meals at their school dining centres, pending consideration of their inclusion in the Central Kitchen scheme.

The Committee also permit certain school children, whose parents' incomes are in excess of the adopted scale, to have meals on payment, where there are no facilities for providing meals at home, e.g., in the case of widowers, or widows out working during the day. The amount to be charged is assessed by the Rota (Meals) Sub-Committee.

26. The Public Assistance Committee are supplied with particulars of all children receiving free meals when the parents are in receipt of relief.

27. There were 176 schools out of a total of 196 elementary schools in the City in which free meal coupons were issued to necessitous school children.

The Dining Centres were open on 312 days during the year, and the total number of meals supplied was 1,813,968, as compared with 1,075,596 in 1936, the daily average number of children who received meals being 5,814, or 2,378 more than the daily average for 1936.

The weekly number of meals provided varied during the year, the highest being 46,747 in December, and the lowest 20,902 in January, on the re-assembling of the schools after the Christmas vacation.

Particulars of cases recommended by the school medical officers for meals are forwarded to the Director, who arranges for enquiries to be made into the home circumstances by the school attendance officers, and if, in the opinion of the Committee, the income of the parents or guardians be adequate, they are asked to pay for the meals provided.

28. The new Central Kitchen was formally opened by the Parliamentary Secretary to the Board of Education (Mr. Geoffrey H. Shakespeare, M.P.), on the 4th February, 1937, although it had been in use from the 7th January, 1937, when the schools re-assembled after the Christmas vacation. **Central Cooking Kitchen.**

The cooked food is conveyed in insulated metal containers by six motor vans to all the dining centres and also to five of the Day Special Schools, and the empty containers are subsequently collected by the vans on their return journeys to the Central Kitchen.

The Committee sanctioned the introduction of a new two course dietary, which had been devised by the supervisor in consultation with the School Medical Officer, and approved by the Board of Education. It was not, however, found possible to adhere strictly to this dietary owing to certain unforeseen difficulties which arose with regard to the equipment.

29. The number of schools participating in the Milk Marketing Board's scheme for the period under review was 191, the arrangements with the contractors for the delivery of the milk being made by the head teachers. **Milk Scheme.**

The source and quality of the milk issued to the school children must be approved by the Medical Officer of Health, and pasteurised milk only is permitted.

The total number of free milk meals issued during the year was 5,234,471, as compared with 4,105,179 provided in 1936.

### DENTAL INSPECTION AND TREATMENT.

30. The following Table shews the work carried out under the Dental Scheme for children attending the public elementary schools, together with the corresponding figures for the previous two years :—

**Table 6.**

	1935	1936	1937
Number of children examined in school ... ..	66,413	71,872	73,620
Number of children requiring treatment ... ..	54,670 (82·3%)	59,334 (82·5%)	59,470 (80·7%)
Number of cases accepting treatment under the Dental Scheme ... ..	20,106 (36·7%)	23,462 (39·5%)	27,380 (46·0%)
Number of cases treated ... ..	19,055	22,720	25,293
Number of schools concerned ... ..	107	124	136

31. It is satisfactory to report that the acceptance rate has, since 1933, increased from 32·5 per cent. to 46·0 per cent., which is the highest figure yet recorded, and is evidence of a steadily increasing interest on the part of the parents in the dental welfare of their children.

As the Committee thought that the poor acceptance rate was possibly due to many of the parents not being able to afford the fee of 6d., they decided to make it more generally known that free treatment could be obtained for appropriate cases. Accordingly, the notices sent to the parents were revised as from 10th May, 1937, and, during the remainder of the year, there was an increase of 4,209 applications for free treatment over the corresponding period of the preceding year.

32. Two additional dental officers were appointed in the summer in order to bring within the dental scheme those schools which, owing to shortage of staff, had not hitherto been included, but the need for coping with the considerable increase in the acceptance

rate again prevented the inclusion of all the outstanding schools, and necessitated the appointment of a third dental officer. Unfortunately the officer selected found himself unable to take up the appointment, and further delay occurred. It was not possible, therefore, to include more than 17 additional schools during the year, leaving 24 schools still without clinic provision.

In Liverpool, an increase in the acceptance rate of  $2\frac{1}{2}$  per cent. to 3 per cent. produces sufficient new cases to occupy the whole-time services of one dental officer. Since the acceptance rate has increased during the year by nearly 7 per cent., the appointment of at least two additional officers during 1938 will be necessary, otherwise the dental scheme will fall seriously into arrears.

33. If the preservation of the permanent teeth is to be the principal purpose of a school dental service, dental inspections should be carried out every six months, an arrangement which is not yet practicable for financial reasons, and it cannot be sufficiently stressed that 12 months should be the irreducible period of time that should elapse between dental inspections, if the object of the scheme is not to be largely nullified. The more this period is extended, the greater becomes the number of permanent teeth which have to be extracted, but which might have been saved had earlier treatment been available.

34. An arrangement was made during the year with the Liverpool Dental Hospital to provide for children of 6 years of age and upwards attending schools not yet included within the Committee's scheme, all the necessary treatment in the way of extractions and fillings, at the same charge as parents pay for children receiving clinic treatment. No routine dental examination of these children is carried out, and the parents are required to make a personal application and to sign a form declaring that they are unable to afford private treatment. As in ordinary clinic cases, the fee is remitted in cases of unemployment or poverty. A voucher entitling the child to treatment at the Dental Hospital without further charge is issued, and the sum of 3s. for each case is paid to the Hospital authorities by the Committee.

Though treatment for children suffering from toothache, who were ineligible for clinic treatment, had always been available at the Dental Hospital, no official provision had hitherto been made whereby the mouths of these children could be put completely in order. The Dental Hospital authorities have co-operated in this respect by endeavouring to persuade the parents of these children to consent to all the necessary filling treatment being given, and not to be satisfied solely with the extraction of the aching tooth which was the primary cause of the application. This co-operation by the Dental Hospital is a valuable adjunct towards the establishment of a complete scheme of conservative treatment.

The scheme came into operation at the end of June, and from then until the end of the year 438 children received treatment under this new arrangement.

35. Two additional clinics were opened during the year, namely, at Queens Drive, Walton, and Formosa Drive, Fazakerley.

The Committee's tenancy of the clinic on the Dental Hospital premises, which had been held by them since 1914, was terminated by the Hospital authorities as from the 1st August, and excellent alternative accommodation was obtained on the premises of the Junior Instruction Centre in Sugnall Street, which allowed for the provision of two dental surgeries, each with its own recovery room.

36. Amongst the large number of children inspected, there are always some whose treatment at the School Clinics is not deemed advisable, and for these cases arrangements are made for in-patient treatment at the Alder Hey Children's Hospital. The Medical Officer would express his indebtedness to Dr. Crosbie, the Medical Superintendent of the Alder Hey Hospital, for his assistance to the School Medical Department in this connection.

37. Severe bleeding after tooth extraction is, fortunately, very rare, but the possibility of its occurrence can never be overlooked. There is always a small number in every community, comprising both children and adults, in which obstinate bleeding is prone to

occur after any injury. When such a tendency is known or suspected, the precaution is taken of administering calcium with Vitamin D for several days before treatment.

38. Arrangements were again made with the Dental Board of the United Kingdom to send their travelling demonstration on Dental Hygiene for the benefit of school children. This demonstration, which is sent entirely without cost to the Committee, is in the charge of competent lecturers, and has, in the past, proved of great interest to the children.

On this occasion it was decided to accept the offer to hold the demonstration for a period of three weeks, and arrangements were made for it to be held for two weeks in the new Walton Clinic, and for one week in the Maternity and Child Welfare Clinic in Everton Road, which had been kindly put at the Committee's disposal for the purpose by the Maternity and Child Welfare Sub-Committee. More than 4,000 children from the surrounding schools attended at the two Centres during the three weeks.

### **EAR, NOSE AND THROAT CONDITIONS.**

39. Most ear conditions, if untreated, tend to deteriorate further, and in the case of discharging ears there is always a risk of serious complications arising. Such defects often retard education, cause ill-health and create unhappiness, and may in adult life, if the hearing be impaired, seriously lessen the chances of employment. As the majority of ear conditions have developed before the close of school life, the organisation of the school medical service can be of valuable assistance in preventing deafness in adult life. Aural Clinics.

A scheme to prevent deafness can only be effective if it be sufficiently comprehensive as to provide for the prompt recognition and treatment, not only of cases of otorrhoea but of all other ear defects, and also of those affections of the nose and throat which are liable to conduce to loss of hearing. Since early treatment is of the greatest value in arresting ear disease and conserving hearing, pre-school children have been included within the

Liverpool scheme, with the object of keeping the incidence of deafness as low as possible among children commencing their school life.

For some years Dr. Clarke had been in charge of the Aural Clinics, and he had particularly interested himself in the treatment of otorrhoea by means of zinc ionisation, by which method of treatment he achieved considerable success in the cases treated.

In January Dr. Clarke resigned with the object of going into private practice, and Mr. Courtenay Yorke, the surgeon at the Tonsils and Adenoids Clinic, was appointed as the Committee's Aural Surgeon to supervise the work of the three Aural Clinics, at each of which he is assisted by one of the school medical officers. The scope of the work at the clinics has now been extended so as to include also the treatment of children suffering from loss of hearing due to causes other than suppurative otitis media, such as certain nose and throat affections.

40. The staff of the Maternity and Child Welfare Department are co-operating in the work by referring cases of pre-school children. The Medical Officer of Health has arranged for the Medical Superintendents of various Corporation Hospitals to notify the School Medical Department of any children who have suffered from otorrhoea whilst under treatment at these hospitals, and such cases are kept under observation by the school medical officers and referred to the aural clinics should any relapse occur.

41. Mr. Yorke reports that when he commenced his duties as Aural Surgeon in May there was a large accumulation of old cases awaiting treatment, which he considered should be dealt with before the more preventive aspect of the scheme was undertaken.

Mr. Yorke states that in his opinion the difficulty sometimes experienced in curing the discharge from the ears is often due to the drainage being obstructed by polypi or granulations or by the small size of the perforation, in which cases active interference is



required. Polypi are gently removed by forceps and their bases subsequently cauterised, whilst granulations are also destroyed by cauterisation. Perforations are enlarged either with the cautery or by mechanical means, as described below.

42. Endeavours have been made at the clinics to devise improved methods of cauterisation, the most satisfactory procedure found being the following one, which Mr. Yorke believes to be original, and which depends upon the intensifying action of heat on sulphuric acid. The cautery point is first made red hot and then is inserted into powdered glass, which fuses and forms a bead of glass on the point. When required for use, the cautery is first warmed and then the bead is moistened with concentrated sulphuric acid, and applied to the tissue to be treated and the heat of the cautery point raised to the proper temperature by means of a fine adjustment rheostat, with the result that the tissue concerned is rapidly carbonised. Only moderate heat is used, as a high temperature would be painful and by producing smoke would obscure the view.

When this method of cauterisation is used to enlarge perforations special attention has to be given to anæsthesia, since the drum is very sensitive and difficult to anæsthetise, especially when inflamed. Numerous local anæsthetics have been tried, the most satisfactory found being one containing pure carbolic acid, oil of cloves and cocaine. Frequently even this fails to anæsthetise the drum, and in such cases general anæsthesia by means of nitrous oxide gas is necessary, and it is possible then to use the cautery at a higher temperature than when local anæsthesia is employed.

At times it has been found better to enlarge the perforation by mechanical means. In this method, which also requires gas anæsthesia, the points of a fine aural forceps are passed through the perforation which is enlarged in several directions. This procedure is especially suitable for attic perforations.

The rapid cessation of discharge after improving the drainage from the middle ear by the above methods has often occasioned

Mr. Yorke surprise, and he has come to the conclusion that granulations and polypi are not nearly so often indicative of diseased bone as is commonly thought. In many cases they are merely exuberant tissue occasioned by the chronic irritation of retained pus.

43. Zinc ionisation continues to be a valuable aid in treatment. The method is reserved for uncomplicated cases, having moderately large perforations, which have not responded well to ordinary routine treatment. It has been found convenient to hold one session a week of the aural clinic exclusively for zinc ionisation. During the year, 42 cases were so treated.

As regular treatment of the otorrhoea cases at the aural clinics, over a long period, would involve a considerable loss of education, arrangements have been made for some of the cases, in between their visits to the aural clinics, either to receive daily treatment at the nearest Minor Ailments Clinic, or, where possible, to be given simple treatment at home. In the latter cases the parents are first carefully instructed how to carry out the home treatment prescribed.

44. A number of cases of deafness attending the Clinics are due to nasal obstruction, which is usually caused by adenoids, chronic catarrh or irregularities of the nasal septum, and occasionally by hypertrophied turbinate bones or polypi. Diastolisation is frequently used at the clinics and undoubtedly gives good results in many cases of nasal obstruction due to enlarged turbinate bones and chronic nasal catarrh, whilst occasionally the actual cautery is used for swollen turbinates.

Since chronic nasal catarrh is usually the outcome of unfavourable home conditions, particulars with regard to diet, home environment, etc., are discussed with the parents and advice given where necessary.

45. The following Table gives the types and numbers of cases treated at the Aural Clinics:—

Table 7.

## AURAL CLINICS.

EAR CASES. ... ..						498
(1) External ear conditions—						
Impacted wax ... 21 cases	}	...	...	...		32
Other conditions 11 „						
	Number cured					32 (100%)
(2) Middle ear conditions—						
(a) Suppurative						
(i) Acute ... ..						67
	Number cured					41 (61%)
(ii) Chronic ... ..						348
Simple Tympanic sepsis						158
	Number cured					134 (84%)
Complicated by						
Polypi ... ..	}	...	...	...		192
Granulations ... ..						
Attic suppuration ... ..						
Old mastoid trouble ... ..						
	Number cured					41 (21%)
(3) Hearing defects ... ..						51
Cured ... ..						16
Improved ... ..						31
Unimproved ... ..						4
NOSE AND THROAT CASES. ... ..						158
Enlarged turbinates cauterised ... ..						7
Nasal polypi removed ... ..						2
Septal abscesses incised and drained ... ..						2
Lupus vulgaris treated by ultra-violet light ... ..						1
Cases of chronic nasal catarrh treated by diastolisation and advice given on the subject of breathing exercises and home treatment ... ..						133
Ozœna treated by nasal douches and glycerine packs and advice given re home treatment ... ..						4
Enlarged tonsils and adenoids advised operation ... ..						12
TOTAL NUMBER OF CASES DEALT WITH ... ..						656

46. The Tonsils and Adenoids Clinic and the Aural Clinics are complementary to one another, and together they form a valuable means of coping with the majority of ear, nose and throat conditions occurring amongst school children.

Mr. Yorke reports that the choice of cases suitable for operation should be made with considerable care. He personally adopts a conservative attitude towards operation, and before deciding upon such a course he always interviews the parents and obtains an exact account of the symptoms, together with information regarding the general health of the child and the home conditions. He is only prepared to operate when he is satisfied that the condition of the tonsils or the adenoids is either already a cause of ill-health or else is likely to be a cause unless treated.

Particularly is caution necessary in the case of suspected adenoids, in view of the fact that many cases of nasal catarrh and mouth breathing are due to causes other than adenoids, for in these conditions operative interference does not result in any benefit.

With regard to enlarged tonsils, operation is advised only when there is a history of frequent sore throats or when the tonsils are greatly enlarged or infected.

47. The two main sources of danger to be guarded against in operations for tonsils or adenoids are the anæsthetic and the occurrence of undue hæmorrhage. The former risk can be almost eliminated by using nitrous oxide gas, which in Liverpool has been the invariable practice since the clinic was opened 21 years ago, during the whole of which time there has not been a single anæsthetic fatality out of over 23,000 cases operated upon.

With regard to obviating possible danger from hæmorrhage, early recognition and prompt action are the essential things. It is very easy for blood to be swallowed and for the occurrence of the bleeding to be unrecognised until a considerable loss of blood has occurred. To prevent this the children are required to sit up in bed for at least one hour after operation and to spit into small

bowls. This enables the nurse in charge to keep all the children under observation at one time, and to see immediately how much bleeding has occurred in each case.

Before the children are allowed to lie down the throats are carefully examined with an illuminated speculum.

At the clinic the special compression clamps, devised by Mr. Yorke, are relied upon for the control of any excess of bleeding after removal of the tonsils, and they have been invariably successful.

### THE LIVERPOOL CHILD GUIDANCE CLINIC.

48. During 1937, 90 Liverpool children of school age were referred for treatment or advice, including 46 cases direct from the School Medical Department (boys 33 and girls 13). The sources of reference for the remaining cases included head teachers, hospitals, private doctors, parents, probation officers, etc. The principal reasons for reference were petty theft, truanting, wandering and bad behaviour in school or at home, and also some of the cases were "nervous children" presenting chiefly enuresis, educational or temperamental problems.

It is very gratifying to see the great interest taken by teachers in the work of the Clinic, and it is obvious that they appreciate and act upon any advice given to them *re* the "Problem Child".

One of the difficulties that the Clinic experiences is in obtaining the co-operation of the parents, but in some of these cases, despite the lack of parental co-operation, success has been achieved through the active help of the children's teachers. The following extract from one of the Clinic reports on the case of a boy whose parents did not co-operate, exemplifies the great assistance which teachers can give in such cases:—

"It was not felt at the time that the prognosis was favourable. However, largely owing to the wise handling by the

“ Head Master, the immediate problem cleared up and our supervision was discontinued.”

Another important difficulty associated with the treatment of the cases is unsuitable domestic surroundings, and in these cases the work of the two social workers, in helping to readjust the home conditions, proves of great value. In several instances the social workers have been able to arrange for the children concerned to live temporarily with relatives under more suitable surroundings, and this has resulted in marked benefit.

The reports received from the Clinic during the year shew clearly the great value of the joint investigation by the members of the Clinic Staff and the beneficial results of the co-operation of those interested in the welfare of the children concerned. Even after the cases are officially “ closed ”, the Clinic keeps in touch with some of them from time to time, especially in those instances in which relapse might occur.

During the year there were in all 140 Liverpool school cases under treatment or observation at the Clinic.

Dr. Dingwall Fordyce, the Director of the Child Guidance Clinic, reports that the question is often asked “ What is the nature of treatment given at a Child Guidance Clinic?” A concise reply to this question is not easy, firstly because such a Clinic deals with several types of problems, and secondly because the help given may differ from what is popularly understood by the term treatment.

The essential basis of all correct treatment is to discover the cause of the complaint, and the organisation of Child Guidance method is to facilitate this. Behaviour and developmental disorders, temperamental disturbances, psychoneuroses and educational difficulties may be due to causes in the personality or in the environment or both.

Where the trouble is an environmental one, whether in material conditions or emotional relationships, the task of relieving or

adjusting the situation is largely in the hands of the psychiatric Social Worker. Behaviour of an asocial kind is commonly a reaction to adverse environmental influences on a normal personality. But in these, as in all other Child Guidance cases, one factor in personality must always be considered. That factor is intelligence. The reaction of any individual to environment rests on his ability to understand. Faulty reactions may be the result of faulty understanding by the child or failure by associates to appreciate this inability.

Investigation frequently fails to reveal any defects in material conditions in the home or unwise handling by guardians. Nevertheless, such patients may shew well marked symptoms or behaviour of a disturbing kind. Physical examination reveals no evidence of any gross bodily disorder or disease.

The Social Worker can do no more than maintain supervision in the home, ensuring as far as possible that the management of the child and the attitudes of parents and associates are reasonable. It is the task of the Psychiatrist to understand the child and to bring about a solution of the problem. The action to be taken depends first of all on the age of the child. The very young, unable to express themselves verbally, can best be understood by observation of their activities, and especially of their play, the interpretation explaining their behaviour and pointing the way to more normal expression.

Older children can be helped by personal interviews with the Psychiatrist. The latter must first assure himself whether or not the symptoms, either unsatisfactory behaviour or abnormal emotional reactions, are based on a subnormal physiology. For it is known that many of the symptoms may be the result, in whole or in part, of lack of vitality and physical fitness, the result, say,

of malnutrition or fatigue. He must have a reliable estimate of the child's intelligence, that is of his ability to understand according to his age. He must try to form an estimate of the child's personality, to understand his temperament and disposition, so that he will know the material he has to deal with.

The symptoms that have to be dealt with are the product of the child's own mental activities, and it is necessary to discover the steps which have led up to their production. In some cases this is simple, especially when the symptoms are the reaction to a definite situation—simple but often not recognised by those most immediately concerned.

The first essential of Child Guidance treatment is to approach the problem with an absolutely non-critical attitude. This is the first step towards gaining the child's confidence, and is an essential one if the child is to talk, as he must, of his experiences and ideas. The child is encouraged to express himself without fear or restraint, and it then becomes possible for the Psychiatrist with understanding of child psychology to discern the mental processes that have led up to the production of symptoms. When this knowledge is gained, it is no difficult matter to bring about a more satisfactory outlook. But time and patience and experience are necessary, and quick results must not be expected in the solution of problems which are the end results of a chain of experience and the outcome of long series of mental processes.

The sooner, therefore, a problem of maladjustment or abnormal development is dealt with, the easier is its solution. The younger the child the simpler is his psychology, the longer a disorder has continued the more deeply hidden becomes its origin. As with physical habits, psychological habits are more easily corrected in the early stages.



## CHILDREN AND YOUNG PERSONS ACT.

49. In accordance with arrangements made under Section 35 of the Children and Young Persons Act, medical reports were submitted for the information of the magistrates in the Juvenile Court on 1,940 cases, 221 less than the number reported upon in the previous year. At the request of the magistrates, 12 cases were specially examined and reported upon.

The total number of cases appearing in the Juvenile Court charged with Indictable Offences was 2,218, and in 278 cases there was no time to submit a medical report in view of the fact that the notification was received only on the morning on which the cases appeared before the magistrates.

## ORTHOPÆDIC SCHEME.

50. Under the scheme three orthopædic clinics have been provided, one at Dingle, one at Walton, and one in the Everton district.

The Walton Clinic had previously been held in certain rooms in the Walton Junior Instruction Centre, but when the new Joint Clinic in Queens Drive, Walton, was opened in October the work was transferred to this clinic, in which rooms had been specially equipped for orthopædic treatment.

In addition to these clinics, arrangements have been made for the orthopædic nurse to visit at least twice weekly the Margaret Beavan and Orwell Road Special Schools and give remedial exercises and massage to the children attending for whom such treatment had been recommended by the surgeons.

There were 1,016 children under supervision at the clinics, 401 of these being new cases, of which number 133 were seen at the Walton Road Clinic, 175 at the Everton Road Clinic, and 93 at the Dingle House Clinic. Altogether the cases made 10,667 attendances, either for examination by the surgeons or for massage or exercises, the average number of attendances per case for massage or remedial exercises being 18·4.

Arrangements were made for 54 of the cases to be admitted to hospital, whilst 33 cases were referred to hospital for X-ray examination.

51. The following is a summary of the treatment carried out at the hospitals on cases referred from the Clinics:—

**SUMMARY OF HOSPITAL TREATMENT, 1937.**

Correction of deformities of feet or toes	...	16
Tenotomies or stretching	... ..	9
Transplantation of tendon	... ..	2
Osteotomies	... ..	9
Osteoclasis	... ..	2
Treatment of scoliosis by traction	... ..	1
Treatment of torticollis by operation	... ..	4
Reduction of congenital dislocation of hip	... ..	1
Other operations	... ..	3
General treatment	... ..	7
		54

52. The following-up of the school cases was done by the Child Welfare Association, whose visitors pay home visits to all new cases to urge upon the parents the desirability of securing regular treatment for their children. One of the difficulties in connection with the work is in getting the parents to maintain their regular attendance, and in the case of 375 children it was necessary to pay visits to the homes for this purpose. The Association assisted the parents in obtaining new apparatus, surgically altered boots, repairs, etc., in 660 instances, whilst 441 pairs of boots for wearing with apparatus were supplied. The Association also assisted the work in other ways, such as supplying cod liver oil, convalescent treatment, etc.

53. The accompanying Table shows in detail the work carried out at the Clinics:—

TABLE 8.

Cases dealt with under the Orthopædic Scheme during 1937.

Defect.	Cases seen at Surgeons' Visits.				Massage and Remedial Exercises Department.											
	No. OF CASES.		No. OF ATTENDANCES.		No. OF CASES.		No. OF ATTENDANCES.									
	Clinic.		Clinic.		Clinic.		Clinic.									
	Dingle House.	Walton Road.	Everton Road.	TOTAL.	Dingle House.	Walton Road.	Everton Road.	TOTAL.								
Infantile Paralysis	24	31	35	90	66	79	71	216	17	13	23	53	516	302	320	1,138
Birth Palsy ...	2	3	9	14	3	8	19	30	—	1	4	5	—	31	70	101
Spastic Paralysis	24	28	30	82	53	67	66	186	16	23	27	66	534	584	623	1,741
Rickets ...	43	58	85	186	78	109	122	309	10	10	13	33	59	114	37	210
Talipes ...	8	15	12	35	18	34	22	74	6	7	7	20	118	70	139	327
Spinal Curvature	14	23	32	69	31	59	66	156	10	20	24	54	174	521	422	1,117
Torticollis ...	4	8	9	21	10	17	17	44	3	2	5	10	64	33	67	164
Flat Feet ...	55	116	77	248	94	251	138	483	26	57	31	114	280	1,219	277	1,776
Other deformities	18	40	28	86	52	93	48	193	4	15	15	34	97	283	197	577
Other defects ...	42	65	60	167	83	138	111	332	24	29	27	80	457	481	537	1,475
No orthopædic defect found ...	3	4	11	18	3	4	11	18	—	—	—	—	—	—	—	—
TOTALS ...	237	391	388	1,016	491	859	691	2,041	116	177	176	469	2,299	3,638	2,689	8,626

54. Mr. McFarland, one of the Surgeons who attend the Clinics, reports as follows:—

“ The figures show that a good attendance is being maintained at the Orthopædic Clinics. What the figures, however, do not show is that the majority of the parents remain enthusiastic and co-operative, thereby showing their appreciation of the work being done for the children. In orthopædic surgery the mother is an extremely good judge of the result, and she is usually very critical. It therefore speaks well for the Clinics that those parents that are interested are satisfied.

There still remains a small proportion of parents who are not interested. My feeling is that our attitude to such should be that their children should continue under treatment if they are prepared to co-operate. Any attempt to persuade them is usually received with suspicion, and any part of the treatment which is dependent on their co-operation usually fails, and, of course, they refuse the question of admission to hospital. On the other hand, if their children are never examined they are just the ones to raise a loud complaint that nothing is being done for their children. They ought, therefore, in my opinion, to be examined regularly, offered facilities, and by indirect methods encouraged to avail themselves of them.

During the whole of the last year I have not seen a severe case of Rickets with really bad deformities. This shows the high standard of prevention and early reference to the Orthopædic Clinics that obtains at present. A great saving of time and money results for the responsible authorities, and a great deal of suffering and anxiety is taken from the patients, because cure of this condition is very much simpler naturally in the early stages.

The Clinics have worked in excellent liaison with the various hospitals in the City, Municipal and Voluntary, and it is hoped that this will be continued and that we shall also continue to receive the valued assistance of the Child Welfare Association.”

**EVERTON ROAD NURSERY SCHOOL.**

55. This school, which admits children between the ages of two and five, has accommodation for 160 children, and is situated in one of the most densely-populated parts of the City.

Each child is fully examined by one of the school medical officers on admission to school, and subsequently at six-monthly intervals. If a child has previously attended an Infant Welfare Centre its previous medical record is transferred to the school, and this record, together with the medical history of the child covering the period of its stay at the nursery school, is forwarded to the public elementary school to which it is admitted on attaining the age of five.

At the routine examinations, defects were found in 49 cases out of 169 children examined, or 23 per cent. of the cases, the most common defects discovered being rickets, enlarged tonsils, adenoids and bronchial conditions.

The school adjoins the Everton Road Minor Ailments Clinic, and Dr. S. Howard, who is in charge of the clinic, is also the medical officer to the school and, in addition to his regular visits to the school, he is also available to see children about whom the head teacher desires advice on those occasions on which he is in attendance at the clinic. The clinic is also available for the treatment of any minor ailments cases sent from the school, and 304 such cases were treated during the year.

A school nurse attends regularly to inspect the children for cleanliness, and pays home visits whenever necessary.

Cod liver oil and malt and extra milk are supplied to any of the children on the recommendation of the medical officer, and, for those children requiring artificial sunlight treatment arrangements were made for this to be carried out at the Carnegie Welfare Centre.

Immunisation against diphtheria was carried out, and 60 per cent. of the parents accepted this form of preventive treatment.

Dr. Howard reports that with the exception of an outbreak of measles and whooping cough, which occurred towards the end of the year, the general health of the children throughout the year has been quite good. He also comments on the distinct improvement in the general health of most of the children after they have been in attendance at the school for a comparatively short time, which improvement he attributes to the good feeding provided, the regular habits acquired and the happy environment of the children.

56. Miss Edwards, the Head Mistress of the school, reports as follows:—

“ There are a large number of children on the waiting list for admission, and some mothers now even enter their children’s names at birth, in order to secure their admission at the age of two.

“ The school is open from 8-30 a.m. to 5 p.m., and the children are provided with a light breakfast, a good mid-day dinner and tea, for which meals the parents pay 1s. 3d. per week.

“ The morning is spent in carrying out various types of activities, such as painting and drawing, rhythmic training, free play in the nurseries or garden, stories, domestic activities, singing, games, etc.; all planned to encourage the spontaneous play impulse of children and so allow them to express themselves individually.

“ Each child has his own towel, flannel, comb, toothbrush, tooth-mug, bed and blanket; all these things being marked pictorially. The children are trained to do as much for themselves as they possibly can; thus, they lay their own tables for meals and wait on each other in turn, this function being considered by them a great privilege.

“ After dinner they sleep on their stretcher beds from 1½ to 2 hours. After washing and tidying their hair the afternoon is spent in free play in the garden, whenever the weather makes this possible. After tea, the children are taken home by older brothers, or sisters, or their parents.

“ Regular fortnightly meetings are arranged for the mothers, and some of the speakers at these meetings have been Miss J. R. Crosbie, who spoke on “ The Curfew for Children ”, Dr. Howard, who gave a most interesting and instructive talk on rules of health for young children, Mrs. Crighton, from the Eugenics Society, who gave a very interesting lecture on heredity, illustrated by charts, and Miss Gull, who dealt with psychological points concerning parents and children.

57. The parents have responded well and have given their full support. Some of the mothers have helped with the work in the kitchen and laundry, or in sewing and mending, and bathing the children. Some of the fathers have made new toys for the children and mended old ones, and also have helped with the garden.”

#### **STAMMERING AND REMEDIAL SPEECH CLASSES.**

58. At the routine examinations in the schools, 210 children were found by the medical officers to be stammerers, whilst 155 others were brought forward by the teachers for examination as special cases.

The incidence of stammering amongst the children discovered at the routine examinations was 0·53 per cent.

The classes for stammerers were continued at the Pleasant Street School, which, though centrally situated, is not altogether suitable for this particular purpose, since the noise from the adjacent playground is somewhat of a hindrance to the treatment carried out at these classes.

59. The physiological mechanism associated with speech production is highly complicated, and very little is known concerning those abnormalities of functioning which result in stammering.

With so little known about its cause it is not surprising that there is more than one school of thought regarding the proper method of treatment, and though each method can justly claim

its cures and improvements, no great advances in treatment can be expected until more light is thrown about the causation. Because it is such a distressing impediment to the sufferer and such a handicap to him, particularly after school life is over, specialised research into the whole problem is urgently required, and in view of the progress which has been made in recent years in psychological medicine, this line of investigation might prove of value.

60. The broad principles underlying the type of treatment given at Pleasant Street may be summarised under the following headings:—

- (a) The teaching of simple rhythmical exercises.
- (b) Training in muscular relaxation, with the object of obviating unnecessary muscular tension.
- (c) The use of speech games, simple reading and dramatic work, after relaxation has been practised, muscular tension eased and mental control gained.

The classes are so conducted that all the work shall be conducive to speaking in a spontaneous easy manner. When, however, the children are at home, or at the ordinary school, they find conditions not so easy, and sometimes actually harmful, and with the object of securing the co-operation of the school teachers and the parents, Miss Osmond, the teacher of the Stammerers' Classes, has paid visits to the schools and homes. These visits form a useful connecting link between the classes and the schools on the one hand, and the classes and the homes on the other.

It is of great importance that the school teachers and the parents should understand and sympathise with the general methods and aims of the work of the classes. Miss Osmond has often found it possible to remedy certain unfavourable home conditions which had been making progress difficult for the child. In one instance the father was himself a bad stammerer and was constantly criticising the boy and giving harmful advice. Later, when the boy was



practically cured, he saw the school medical officer prior to his discharge from the class and informed him that he was now teaching his father to adopt the methods which he had himself learnt at the class.

61. The progress made in cases of cleft palate and of retarded speech depends entirely on constant and careful practice of the various speech exercises, and as it is important that parents and teachers should understand the work and be in touch with its progress, Miss Osmond, where necessary, paid visits to the homes and schools, in order to secure the co-operation of the parents and discuss the cases with the teachers.

The following table gives some statistics relating to the work:—

#### STAMMERERS' CLASSES.

Stammerers attending during year—

Cases carried over from 1936	...	...	...	73	}	137
New cases in 1937	...	...	...	64		

Number discharged—

Cured	...	...	...	...	...	8	}	63
Very much improved	...	...	...	...	20			
Improved	...	...	...	...	27			
Treatment discontinued owing to travelling difficulties, etc.	...	...	...	...	5			
Non-attending	...	...	...	...	3			

#### REMEDIAL SPEECH CLASSES.

Number of visits paid to schools

... .. 96

Number of visits paid to homes

... .. 81

Number attending—

Retarded speech	...	...	...	...	...	8	}	20
Cleft palate speech	...	...	...	...	4			
Lisping	...	...	...	...	4			
Other speech defects	...	...	...	...	4			

Number discharged—

Cured	...	...	...	...	...	2	}	3
Very much improved	...	...	...	...	1			

Number carried over to 1938

... .. 17

## NOTIFICATION OF DEFECTS AND ARRANGEMENTS FOR FOLLOWING UP.

62. When any defects amongst the children are found which require treatment, it is much more satisfactory if the need for providing such treatment can be discussed with the parents rather than notifying them by letter. Accordingly the parents are always invited to be present at the routine examinations and the attendances of parents at these examinations were as follows: In the case of Entrants 87.0 per cent., in the case of Intermediates 54.0 per cent., but the proportion of parents attending the medical examinations of the group of Leavers was only 28.7 per cent. Should the parents not be present at the time of the examination, and it be considered desirable to discuss the health of their children with them, they are given another opportunity to attend.

The accompanying Table 9 shows the number of notices given or sent to parents relating to various defects for which treatment was considered necessary. The numbers for 1936 are given for comparison.

Table 10 gives the results of the following-up by the different agencies undertaking the work.

Table 9.

Notification to Parents *re* Defects.

Defects.	First Notices.		Second Notices.		Third and subsequent Notices.		Totals.	
	1937	1936	1937	1936	1937	1936	1937	1936
Defective Vision :—								
A.—Untreated cases .....	2,871	3,179	319	354	71	92	3,261	3,625
B.—Previously treated cases :								
(i) Glasses lost, broken, or unsuitable.....	3,427	3,477	29	49	11	1	3,467	3,527
(ii) Glasses not being worn ...	696	919	94	127	6	23	796	1,069
Eye conditions .....	128	122	5	1	1	—	134	123
Defective Hearing .....	49	44	1	2	—	—	50	46
Otorrhœa .....	51	64	7	2	1	—	59	66
Other Ear conditions .....	10	17	1	—	—	—	11	17
Enlarged Tonsils and Adenoids ...	1,911	2,176	165	181	31	36	2,107	2,393
Mouth Breathing .....	2,388	2,788	169	274	50	55	2,607	3,117
Defective Teeth :—								
A.—Referred by School Medical Officers .....	1,662	2,333	233	492	99	199	1,994	3,024
B.—Referred by School Dentists	59,470	59,334	—	—	—	—	59,470	59,334
Anæmia and Malnutrition .....	492	693	45	43	3	2	540	738
Skin conditions .....	107	79	1	4	—	—	108	83
Chest .....	299	263	4	1	—	—	303	264
Deformities .....	114	151	4	13	—	1	118	165
Other defects .....	3,180	3,830	535	311	129	61	3,844	4,202
<b>Totals .....</b>	<b>76,855</b>	<b>79,469</b>	<b>1,612</b>	<b>1,854</b>	<b>402</b>	<b>470</b>	<b>78,869</b>	<b>81,793</b>

Table 10.  
Results of Following-up.

Following-up Agencies.	Carried over from previous year.	Referred during 1937.	Total.	Treated at School Clinics or elsewhere.	Treatment refused or evaded.	Left School, etc.	Total reported upon.	Cases still under observation at end of year.
<b>SCHOOL ATTENDANCE STAFF—</b>								
Vision ... ..	916	2,317	3,233	1,742	704	185	2,631	602
Tonsils and Adenoids ... ..	250	963	1,213	501	500	39	1,040	173
Ringworm of Scalp ... .. (re X-Ray treatment)	3	30	33	24	9	—	33	—
<b>SCHOOL HEALTH VISITORS' STAFF—</b>								
Medical defects ... ..	28	2,949	2,977	2,723	249	1	2,973	4
General defects ... ..	607	5,335	5,942	4,594	—	—	4,594	1,348
Verminous ... ..	3,547	30,595	34,142	28,878	—	—	28,878	5,264
<b>CHILD WELFARE ASSOCIATION—</b>								
Medical defects ... ..	186	1,077	1,263	703	441	—	1,144	119
<b>OTHER AGENCIES—</b>								
Medical defects ... ..	—	65	65	53	12	—	65	—

### CHILD WELFARE ASSOCIATION.

63. In addition to the official following-up agencies, the Child Welfare Association have continued to render very valuable assistance in the direction of securing convalescent treatment, surgical treatment, or appliances, and providing special tonics or extra nourishment for children requiring such treatment. They also supply, on the recommendations of school medical officers, milk to school children who, on account of illness, are not in attendance at school. In all, 1,077 cases were referred to the Association during the year.

### PARENTS' PAYMENTS.

64. The Committee only provide their facilities for treatment for those children whose parents are not in a position to afford to obtain such treatment privately. Treatment is not carried out until a statement to this effect, signed by the parents, has been received.

The charges made by the Committee are as follows:—

	s.	d.
Defective vision (including provision of glasses) ... ..	7	6
If re-examination is necessary within one year no additional charge is made.		
If after one year (including provision of glasses) ... ..	6	0
Tonsils and Adenoids ... ..	10	0
X-Ray treatment for Scalp Ringworm ... ..	10	0
Dental treatment ... ..	0	6

The following amounts were received during the year as parental contributions towards the cost of treatment for:—

	£	s.	d.
Defective vision ... ..	959	15	9
Dental defects ... ..	619	2	6
Tonsils and Adenoids ... ..	391	6	9
Ringworm of Scalp ... ..	1	15	6
<b>TOTAL</b> ... ..	<b>£1,972</b>	<b>0</b>	<b>6</b>

Except in the case of Dental treatment, the fees may be paid by instalments after the treatment has been obtained.

Cases of financial hardship are considered by a Special Sub-Committee, and free treatment may be authorised or such reductions made as will meet the special circumstances. Free treatment was given for defective vision in 20·8 per cent. of the cases, and for tonsils and adenoids in 24·4 per cent. of the cases.

In cases of wilful neglect to make payments, legal proceedings are instituted. During the year legal proceedings were taken in 43 instances, as against 73 during the previous year.

The same charges are made for the treatment of pupils attending Higher Schools, but arrangements for dental treatment for these pupils have not been provided by the Committee.

#### **DEFECTIVE VISION.**

65. The number of children with defective vision, found at the routine examinations of the Intermediates and Leavers, was 4,954 (19·87 per cent.), but only 1,950 of these, or 7·8 per cent. of the total, were found to be in need of treatment, most of the remainder having been already supplied with glasses. During the medical examination of the entrants, routine testing of the eyesight is not undertaken, since most of these children are unfamiliar with the letters on the test types, but if there be any reason to suspect that these young children have defects of vision, or if any tendency to squint be observed, treatment is advised. Altogether, 682 of the entrants were suspected of having defective vision, 591 of these showing evidence of squint. In addition to the cases found amongst the children in the routine age groups, 1,353 were seen as special cases.

66. All cases of defective vision were kept under regular supervision at the medical re-inspections, and 10,067 children, who had been provided with glasses, were re-inspected with a view to finding out whether the time had arrived for them to be sent to the clinics for re-examination by the oculist. At the re-inspections in the

schools, 3,326 (33.04 per cent.) were found not to be wearing their glasses.

67. The number of new cases treated under the Committee's scheme was 2,590, whilst 178 children were treated privately or at hospitals. The number re-examined at the clinics was 2,606.

Under the arrangements made with the Hospitals and Port Health Committee for the treatment of squint in pre-school children, 207 children were examined by the oculist, and glasses were provided in 174 of these cases.

The North Corporation eye clinic, the first of these clinics to be opened (in February, 1913), was closed in July, 1937, as the rooms were required for minor ailment clinic purposes. The work was transferred to clinic premises in St. Anne Street; this new central clinic is conveniently situated on a main tram route, and caters well for the large area which it serves.

68. Dr. Livsey, the Committee's oculist, reports that during the past year the work of the various eye clinics has continued satisfactorily. The clinics, particularly in the suburbs, and the attendance of the optician at each clinic session, are a great convenience to the families living in their districts, and there is no doubt that these clinics are much appreciated and most of the parents co-operate. Simple explanations of eye defects continue to be given to the parents, a practice which undoubtedly helps in securing their co-operation in the carrying out of the necessary treatment by arousing their interest in the case.

Boys and girls from the secondary schools are attending the clinics in somewhat larger numbers, and latterly juveniles from the Junior Instruction Centres have also attended for treatment. In the case of most of these juveniles, glasses have not been worn since leaving school, and they have been much handicapped in their work as a result of this neglect. The laxity of parents in this matter is rather disquieting, although probably economic considerations are somewhat responsible.

69. The Health Committee's scheme for the treatment of squint in pre-school children is being made much more use of than formerly, but not to anything like the extent that the urgency and importance of the matter warrants. This defect is very common and an important cause of defective vision. Ignorance on this subject is profound and widespread. In most of the cases the squint is due to defective focussing of the eye, which requires correction by a suitable lens, otherwise the squinting eye is not used, and its vision rapidly depreciates and by the time the child goes to school all useful sight in the squinting eye may be permanently lost and the disfigurement caused by the squint confirmed. Such cases go through life practically as one-eyed individuals with all the disabilities of this condition.

#### MINOR AILMENTS.

70. Three additional minor ailments clinics were opened to serve the Fazakerley and Walton areas and the schools in the Myrtle Street neighbourhood, whilst the clinic formerly held at St. Dunstan's Hall was transferred to the Balfour Institute.

During the year, 39,774 cases were treated at the Minor Ailments Clinics, necessitating 453,029 attendances being made by the children, the average number of attendances made being 11·4 per child.

71. The following Table shows the number of the most common types of defects treated, and the average daily attendance at the various clinics:—



Table 11.

Shewing the number of defects treated at the Minor Ailments Clinics and the average daily attendance at each Clinic.

DEFECTS TREATED	NAME OF CLINIC.											TOTALS.				
	Northumber-land Street.	Everton Road	North Corporation.	Norris Green	Dovecot	St. Dunstan's.*	Westminster Road.	Moss Street	Old Swan	Garston	Walton.†		Fazakerley.‡			
SKIN DEFECTS—																
Ringworm of the Body	48	29	33	13	16	13	31	13	10	5	—	—	211			
Impetigo...	395	194	246	260	24	468	316	237	202	101	46	29	2,518			
Other Defects	91	144	314	475	88	160	59	249	87	10	10	11	1,698			
EAR CONDITIONS—																
Wax	47	21	42	33	9	26	27	13	22	22	9	1	272			
Otorrhoea	297	200	253	225	169	170	309	128	77	85	12	23	1,948			
Other Defects	122	177	69	123	141	55	106	45	49	18	21	12	938			
EXTERNAL EYE DISEASE—	537	532	713	380	222	246	350	226	143	80	22	34	3,485			
MISCELLANEOUS DEFECTS— (Sores, Minor Injuries, etc.)	5,071	4,198	3,400	4,252	2,577	2,091	2,172	1,829	1,374	1,060	216	464	28,704			
TOTALS	6,608	5,495	5,070	5,761	3,248	3,229	3,370	2,740	1,964	1,381	336	574	39,774			
Average daily attendance	285.7	220.1	188.0	171.5	130.6	115.2	113.5	110.8	93.9	67.0	50.1	47.2	1,534.4			
Average daily attendance (excluding Saturdays)	355.0	258.4	218.8	202.1	150.0	133.4	131.4	127.8	107.9	76.3	56.5	53.3				

\* Transferred to Balfour Institute, December 20th.

† Opened October 8th.

‡ Opened August 9th.

**Scabies.** 72. Scabies again showed some increase, 1,240 new cases amongst school children being reported, as compared with 983 in 1936, and 871 in 1935. Treatment facilities were provided at three of the Health Committee's cleansing stations, where, in addition to school children, there were also treated any pre-school children or older female members of the families who were affected. In all, 647 school children, 40 adults, and 62 children under school age, were treated at these clinics.

The children affected were kept under regular medical supervision, the doctors usually seeing them on Saturday mornings, 2,080 examinations of these children being made, and 1,242 of them re-admitted to School.

At the end of the year there were 239 cases still under observation.

**Ringworm  
of Scalp.**

73. The number of cases reported as ringworm of the scalp was 57, of which number 9 were found, after examination, not to be ringworm. There were thus 48 actual cases of the disease as compared with 40 during the previous year. Including 18 cases uncured at the end of 1936, there have been 66 cases under treatment during 1937, of which 42 were cured and re-admitted to school before the end of the year, 41 of these having been treated by X-rays at the Belmont Institution.

### TUBERCULOSIS.

74. At the routine inspections in the schools there were discovered one definite case of phthisis, 56 cases of tuberculous glands, and 70 cases of other forms of tuberculosis, a total of 126 cases, or 0.32 per cent. amongst the routine cases examined.

There were also seen at the inspection clinics, or as special cases at the schools, 11 definite or suspected pulmonary cases, and 53 cases of other forms of tuberculosis.

75. All the cases of actual or suspected tuberculosis discovered by the school medical officers were referred to the tuberculosis officers for examination. The number of references so made was 93,

whilst the Tuberculosis Department supplied information with reference to 1,696 school children who had been reported from other sources as possible cases of tuberculosis, but the majority of these, however, proved to be non-tuberculous.

76. At the end of the year, the total number of children of school age known to the department to be suffering from active pulmonary tuberculosis was 85, 58 of these being at the Cleaver Sanatorium, where classes were arranged for those children whose state of health permitted their attendance.

There were also 146 non-pulmonary cases, of which number 43 were in Cleaver Sanatorium, 4 were in Fazakerley Sanatorium, 34 in Alder Hey Hospital, and 2 in Leasowe.

77. Dr. Clarke, the Chief Clinical Tuberculosis Officer, reports as follows:—

“ The death rate from tuberculosis, both pulmonary and non-pulmonary types, amongst children continues to fall, and this is no doubt largely due to the measures being taken to secure early diagnosis, purer milk supplies, close co-operation with the school medical department, and careful supervision of contacts.

“ It is now generally accepted by the medical profession that the tubercle bacillus has at some time or other gained entry into the tissues of most people by the time adult life is reached, though fortunately the majority are able to resist and overcome such attacks, without manifesting any signs of ill-health. The Mantoux Tuberculin (intra-dermal) Test is now regarded as a reliable one for the purpose of demonstrating whether there is, or has previously been, any such infection. A recent investigation by one of the Liverpool Tuberculosis Officers showed that 50 per cent. of children at the age of nine, not known to have been exposed to infection, gave a positive reaction to this test, whilst in the case of children who were known to have been exposed to infection in the homes, the figure was 80 per cent. at the age of five. On the other hand, by the time adult life was reached almost all individuals showed a positive reaction whether or not they were known to have been contacts.

“Increasing use is being made of existing facilities for X-ray examination, which, combined with clinical investigation, render it possible to make a definite non-tuberculous diagnosis in many cases which would formerly have been branded as tuberculous.

“In cases where a diagnosis of tuberculosis has been reached, but the lesion is quiescent, children have been referred for admission to open-air schools, a procedure which is followed by very satisfactory results.”

### INFECTIOUS DISEASES IN SCHOOLS.

78. There was a slight increase in the number of cases of infectious disease reported amongst children of school age during the year; 8,329 cases, an increase of 462, being reported as against 7,867 in 1936 and 10,485 in 1935.

Measles showed a reduction of over 1,000 cases, and scarlet fever an increase of 993 cases. During the year 1,808 cases of diphtheria were reported, being an increase of 343 cases over the previous year, while slight increases were also shown by whooping cough and chickenpox.

No school or department was closed during the year on account of infectious disease.

79. The arrangements introduced in 1932 for the inoculation of children attending the infants' departments of public elementary schools were continued. Visits for this purpose were paid to 74 schools.

The response varied considerably in the different schools, but taking the schools as a whole, approximately 27 per cent. of the infants attending were inoculated.

The total number of school children inoculated at the schools was 4,855. In addition, several hundred children of school age were inoculated at the two immunisation clinics, held at the Carnegie Welfare Centre and the Norris Green Clinic.

80. The following Tables show the number of cases of the common infectious diseases, with the ages of the children affected and the monthly distribution of the cases.

Table 12.

## SCHOOL CASES OF INFECTIOUS DISEASE.

## Age Distribution.

Disease.	Under 5	Under 6	Under 7	Under 8	Under 9	Under 10	Under 11	Under 12	Under 13	Under 14	Over 14	Totals
Diphtheria ...	61	314	287	289	203	153	139	131	112	97	22	1,808
Scarlet Fever ...	53	334	355	270	217	168	177	129	119	88	40	1,950
Measles ...	200	836	622	220	84	56	34	32	23	21	7	2,135
Whooping Cough ...	59	308	146	49	12	9	1	4	3	—	1	592
Chicken Pox ...	58	320	341	259	120	74	43	26	20	8	9	1,278
Mumps ...	30	149	173	88	42	26	18	12	16	8	4	566
Totals ...	461	2,261	1,924	1,175	678	486	412	334	293	222	83	8,329

Table 13.

## SCHOOL CASES OF INFECTIOUS DISEASE.

## Monthly Distribution.

Disease.	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.	Totals.
Diphtheria ...	183	154	134	131	110	114	91	114	147	196	246	188	1,808
Scarlet Fever ...	58	65	91	87	98	75	84	136	283	330	354	289	1,950
Measles ...	47	43	70	202	94	63	20	18	93	211	450	821	2,135
Whooping Cough ...	23	10	20	54	49	121	8	71	43	71	84	38	592
Chicken Pox ...	195	93	194	144	110	155	25	19	62	86	99	96	1,278
Mumps ...	65	50	110	116	62	59	14	5	18	19	32	16	566
Totals ...	571	415	619	734	523	587	242	363	649	913	1,265	1,448	8,329

### UNCLEANLINESS.

81. The percentage of boys discovered at the routine examinations with nits or lice in the hair was 5·4; amongst the girls the figure was 13·4 per cent.

The prevalence of cases of verminous infection of the body and clothing is considerably less, the figure in the case of the boys being ·09 per cent., whilst in the case of the girls the figure was even smaller, viz., ·05 per cent. In addition to the above, 3·3 per cent. of the boys and 2·1 per cent. of the girls were found to have dirty bodies or clothing.

82. The school nurses made 283,085 examinations of the children *re* cleanliness, and in 20,923 instances the children were found to be verminous or very dirty. In the case of 38 children, statutory notices were served upon the parents owing to their failure to cleanse their children after previous notifications, and 16 children had to be compulsorily cleaned by the staff.

83. There are six Cleansing Stations, which are so situated as to meet fairly satisfactorily the needs of all the areas of the City. The total number of attendances made at these stations during the year was 40,214, of which number 33,923 were on account of verminous conditions.

### INSPECTION CLINICS.

84. The arrangements have been continued for the examination, by the school medical officers, of children absent from school for any prolonged period, except those who are known to be under regular care.

These examinations were carried out at various centres distributed over the City, mainly on Saturday mornings and during school holidays.

In all 4,062 medical examinations were made of these absentees, and certificates of fitness to return to school were given in 1,534 instances.

In addition, the school medical officers examined, at the Central Inspection Clinic at the Education Office and at Garston, children applying for certificates for employment, and for this purpose, 1,109 examinations were made.

Many parents call at the Office on matters concerning the health of their children, and during 1937 the school medical officers examined 5,333 children brought there by their parents. Enquiries were also made at the Central Office by parents with regard to dental treatment in the case of 2,546 children, arrangements having been made for one of the school dentists to be on duty at the office each afternoon after completing his work at the dental clinic.

### VACCINATION.

85. The following Table, based on the results of observations made during routine inspections, shews the percentages of vaccinated and unvaccinated children in the public elementary and higher schools, whilst in the case of the vaccinated children, the number of vaccinated marks is also shown.

The percentage of unvaccinated children in the public elementary schools was 23·9, the figures for the preceding five years being 21·1, 22·7, 22·7, 21·3 and 20·3; the corresponding figures for the children attending the higher schools were 26·0, 24·9, 25·9, 22·0, 19·3 and 19·2.

Table 14.

Code Group.	Number examined.	Vaccinated.					Not Vaccinated
		One mark.	Two marks.	Three marks.	Four marks.	Total.	
PUBLIC ELEMENTARY SCHOOLS.							
Entrants ...	14,128	69·2	5·5	·3	·4	75·0	25·0
Intermediates ...	12,992	25·5	11·8	3·8	33·6	74·5	25·5
Leavers ...	11,388	19·0	11·8	4·6	44·1	79·5	20·5
Total ...	38,508	39·5	9·3	2·8	24·5	76·1	23·9
HIGHER SCHOOLS.							
All ages ...	6,458	26·6	22·1	6·5	18·8	74·0	26·0



### SPECIAL SCHOOLS.

86. The total number of children at the end of the year who had been certified as blind was 29, of whom 24 were attending Wavertree School for the Blind, four the Roman Catholic School for the Blind, Brunswick Road, and one the Sunshine Home School, Leamington. Schools  
for the  
Blind.

87. Classes for partially-sighted children are maintained at the Birchfield Road Council School, St. James' Council School, Christ Church C.E. Elementary School, and Underlea Day Open-Air School. The number on the rolls at these classes at the end of the year was 100, the average attendance being 85.7. The classification of the ocular defects of the 100 children attending the classes is given in the following Table:— Classes  
for the  
Partially-  
Sighted.

Myopia ... ..	25	Progressive Familial Macular De-	
Myopia with other defects...	20	generation ... ..	8
High hypermetropic astigmatism...	2	Retinitis pigmentosa ... ..	1
Interstitial keratitis ... ..	4	Choroiditis with coloboma ... ..	2
Phlyctenular keratitis (? T.B.) ... ..	1	Optic atrophy ... ..	3
Corneal nebulae ... ..	11	Choroido-retinal-atrophy with	
Ophthalmia neonatorum ... ..	3	nystagmus ... ..	1
Congenital cataract ... ..	8	Nystagmus ... ..	3
Post. Polar cataract ... ..	1	Nystagmus with other defects ... ..	6
		Albinism ... ..	1

88. Dr. Livsey reports:—“ Further experience with these partially-sighted classes supports the opinion that their association with an open-air school is an excellent arrangement. There is now little difficulty, as a rule, in convincing parents of the value of such classes to children with seriously defective vision. Their detention at school until the age of sixteen is sometimes objected to, but this regulation is not relaxed unless some unusual domestic circumstances call for it. The difficulty of finding suitable occupation for these children is considerable, but every possible help in this matter is given, and I am always consulted before such work is undertaken. Many of these boys and girls, on leaving school, find themselves unfit for ordinary work, and some of them apply for training at a school for the blind though they are not certifiable as blind. All of them are definitely handicapped as to vocation, and there is real need for the provision of some help in this matter.

“ The children at the various classes are happy in their special work, and the interest of the teachers is well maintained, and their personal relationship with the individual is marked.

“ The scope of the physical training has recently been materially enlarged, and these classes now participate in practically the same physical exercises as the rest of the school; games requiring good vision of course being barred.

“ In the case of the high myopes, however, strenuous exercises continue to be forbidden, as these cases are prone to serious complications from such causes.”

School  
for the  
Deaf.

89. The Committee's School for the Deaf at Crown Street has accommodation for 200 scholars, the average number on rolls being 154.

The Oxford Street Institution provides residential accommodation for Liverpool children living too far away to enable them to attend as day scholars, as well as for deaf children who are boarded there by other education authorities, and is situated in close proximity to the school.

The school makes provision not only for children who are born totally deaf and for children who, as the result of disease, have completely lost their hearing during childhood, but also for those children who have a certain amount of residual hearing. It has been customary in the past to classify the children attending into two groups:—(i) The Totally Deaf and (ii) the Semi-deaf.

90. Mr. F. L. Denmark, the Head Master, reports that in a large school such as Crown Street, it is possible for educational purposes to differentiate a third group, namely, the “ Vowel Hearing ” children, and two classes for such children have been formed for concentrated instruction by means of the amplifying apparatus, and the results up to the present have been gratifying.

The use of the pure tone Audiometer has been of considerable assistance in arriving at a more scientific estimate of hearing defects,

and also a better appreciation of the type, as well as the degree of hearing loss. More especially has it been of assistance in the examination of children, who in previous years would have been classified as Totally Deaf, for as the result of the tests, it has been possible to segregate both for educational purposes and for specialised treatment, by means of hearing aids, a new group of children known as cases of High Frequency deafness. It is, to a great extent, the inability to hear the higher tones which prevents deaf children from discriminating between the various vowel sounds. Consonants have a still higher frequency, and this nerve deaf group of children fail to hear properly because they are unable to hear the high frequencies associated with some of the consonantal sounds. Thus it is necessary to consider not only average hearing loss, but also the type of loss of hearing which occurs in the child. Thus a child with high frequency deafness will be more handicapped than a child whose deafness is more or less equal in all frequencies.

During the year research work has been undertaken under the supervision of Professor Marchant, of the Electrical Engineering Department of the Liverpool University, in the direction of making a hearing aid specially adapted for the semi-deaf group, who as a general rule do not suffer from high frequency deafness. It is hoped that in the near future it will be possible for these semi-deaf children to have the benefit of an apparatus which can be adjusted to their particular needs.

The vocational training of some of the pupils who leave the Crown Street School is undertaken by the Committee of the Institution at Oxford Street, and it is gratifying to report that every trainee who has gone from the technical training departments during the year has found employment.

91. The accompanying return shews the results of the examinations made by the Certifying Officers for the ascertainment of mentally and physically defective children during the year. **M.D. and P.D. Schools.**

Table 15.

	Referred as Physically Defective.	Referred as Mentally Defective.
Passed for M.D. Schools—Day ... ..	—	116
„ „ „ —Residential ... ..	—	—
Passed for P.D. Schools—Day Special ... ..	73	1
„ „ „ —Day Open Air ... ..	161	27
„ „ „ —Residential ... ..	117	11
„ Epileptic Schools ... ..	7	1
To remain in ordinary schools ... ..	35	160
Postponed for further trial in ordinary school or for treat- ment ... ..	32	221
Unsuitable for any school (P.D.) ... ..	15	4
Private Tuition ... ..	1	1
Referred to Child Guidance Clinic ... ..	—	2
Referred for Mental examination ... ..	2	—
<b>Total number of children examined ... ..</b>	<b>443</b>	<b>544</b>

**CASES NOTIFIED TO THE LANCASHIRE MENTAL HOSPITALS BOARD DURING  
THE YEAR.**

1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—
    - (a) Idiots ... .. 3
    - (b) Imbeciles ... .. 36
  - (ii) Children unable to be instructed in a Special School without detriment to the interests of the other children :—
    - (a) Moral defectives ... .. —
    - (b) Others ... .. 5
  2. Feeble-minded children notified on leaving Special Schools on or before attaining the age of 16 years ... .. 69
  3. Feeble-minded children notified under Article 3, of Regulation No. 659, i.e., “Special circumstances” cases ... .. —
  4. Children, who in addition to being mentally defective were blind or deaf ... .. 2
- Total ... .. 115

In addition to the examination of new cases referred for ascertainment, 2,218 examinations of children attending the schools for the mentally defective and the physically defective were made as required by the Education Act of 1921, with regard to their suitability for continuance in attendance.

92. Dr. Fordyce, the Certifying Officer for mentally defective children, reports that, before certifying any child as being mentally defective the case is given a most careful consideration, and every effort is made to convince the parents of the wisdom of allowing the child to receive special education. Parental refusal of, or active disinclination for, their children's admission to special schools for mentally defective children is less common than formerly, as the value of these schools in affording such children the best chance of becoming educated is now more widely appreciated. Many children who have passed through these schools have, by the age of 16, been made fit for useful work and an independent life.

A striking feature in almost all cases of retardation is the difficulty in identifying letters and discriminating between certain ones, which results in delay in acquiring the power of reading. But it does not follow that because a child, say, of 12 years of age, cannot read three letter words he is necessarily mentally defective. A good deal depends upon the nature of the child's own special characteristics and reactions and the particular opportunities which he has been afforded. Thus, if a child's entry to school has been deferred, or if he has been a bad attender, he is obviously handicapped by having missed the acquisition of the fundamentals of letter recognition and discrimination and consequently experiences difficulty in reading. Some rapidly later acquire these, others only slowly.

There is another group of children who, though they have not missed any schooling, yet experience great difficulty in learning accurately to discriminate letters. This, however, is not due to any lack of general mental capacity, but apparently to some special inherent difficulty in distinguishing letter symbols. This defect

is one which can to some extent be overcome by special application and patience, and particularly when its true nature has been early recognised.

The following Table shows (a) the accommodation, number on rolls, and the average attendance in the various types of Special Schools provided by the Committee; and (b) the number of admissions and withdrawals during the year:—

(a) **Table 16.**

Schools for the	Accommodation.	No. on Rolls, Dec., 1937.	Average Attendance, Dec., 1937.
Mentally Defectives (day) ... ..	728	614	501
Physically Defectives (day) ... ..	666	750	585
Physically Defectives (residential) ... ..	68	68	68
Partially-sighted (classes) ... ..	140	100	80
Deaf ... ..	200	154	121

(b)

	M.D. Schools.	P.D. or Open-air Schools.	Deaf School.	Partially Sighted Classes.
NEW ADMISSIONS... ..	116	333	23	21
WITHDRAWALS—				
1. At age limit (16 years) ... ..	*74	73	18	8
2. Under 16 years.				
(a) Decertified ... ..	12	157	1	1
(b) Found unsuitable mentally. (Notified to Mental Deficiency Authority) ... ..	30	—	—	—
(c) Excused further attendance	25	6	—	9
(d) Certified as M.D. ... ..	—	9	1	—
(e) Transferred to Residential M.D. Schools ... ..	5	—	—	—
(f) Transferred to Epileptic Colony... ..	—	1	—	—
(g) Left City, etc. ... ..	8	12	1	3
(h) Died ... ..	2	3	—	1
(i) Committed to Approved Schools ... ..	4	—	—	1
Total Withdrawals ... ..	160	261	21	23

\* Of these 60 were notified to the Mental Deficiency Authority for supervision, etc.

93. Of the eight Day Special Schools which the Committee maintain, three are double centres for physically and mentally defective children, two are schools for mentally defectives only, two are open-air schools for both delicate and physically defective children, and one is a school for the deaf. There is also a residential school at Woolton Vale for delicate children.

The Committee are also responsible for carrying on schools in three institutions, viz., the Alder Hey Hospital, Cleaver Sanatorium and Belmont Road Hospital, the first two schools being certified as Special Schools by the Board of Education.

The building of the new day open-air school in Higher Lane, Fazakerley, has now been completed, and arrangements have been made for the school to open early in 1938.

94. The school medical officers carried out the medical inspections and re-inspections in connection with some of the day special schools, and the following is a summary of the number of examinations made by them:—

Routine Examinations	...	...	...	437
Re-inspections	...	...	...	1,286
Special Inspections	...	...	...	69
				<hr/>
Total	...	...	...	1,792
				<hr/>

Facilities for treatment are available under the Committee's Schemes, 108 cases of defective vision being dealt with, comprising 53 new cases and 55 re-examination cases. In addition, 4 children were operated on at the Tonsils and Adenoids Clinic, and in the case of children suffering from crippling defects, full use was made of the facilities available at the Orthopædic Clinics. Dental treatment was also made available, details of which are given in paragraph 99.

95. There is accommodation at the Underlea Day Open-Air School for 195 delicate children and 25 partially-sighted children. **Underlea.**

During the year 88 delicate children were admitted and 91 discharged, the average length of stay for these children being 18 months. The average attendance of the delicate children was 80 per cent. and the children in the partially-sighted class 83 per cent.

It is gratifying to report that, for the second year in succession, 100 per cent. of the parents accepted the school dentist's advice with regard to treatment for their children.

During the four weeks of the summer holidays a vacation school was again held, and 114 children attended, for the whole or part of the time.

During the year an Old Scholars' Association was formed, and monthly meetings were held at the school, the average attendance being 20.

At the end of the year Miss Anderson, who had been Head Mistress since the opening of the school, left in order to take charge of the new open-air school at Fazakerley.

96. The Woolton Vale Country School has accommodation for 68 children (31 boys and 37 girls) between the ages of five and sixteen years, and during the year 149 children passed through the school, most of the cases being admitted on account of debility. Their average length of stay was 25·74 weeks, and their average gain in weight was 10·69 lbs.

All the children who required dental treatment were treated whilst at the school, and most of the children who had not been immunised against Diphtheria were inoculated against that disease by the visiting medical officer of the school.



97. The accommodation at the Chest Hospital's residential **Torpenhow.** open-air school at Torpenhow, near Frankby, has been extended, and the Committee has agreed to retain 36 beds instead of 30 as formerly.

There were 75 Liverpool children admitted during the year, and during their period of residence there the average gain was over 7 pounds in weight and one inch in height.

Miss Anson, the Matron, reports that, after a stay of a few weeks, distinct benefit was obvious, the children's colour became healthier and their appetites greatly improved, whilst mentally they became much more alert.

There were two small outbreaks of chicken-pox in the spring and autumn.

98. In addition to the special schools and the accommodation provided at Torpenhow, the Committee have an option on three **Other Residential Accommodation.** beds at the West Kirby Convalescent Home, also on six beds (mainly for heart cases) at the Liverpool School of Recovery, and they are able to secure some places at the Maghull Home for Epileptics. During the course of the year, one case has been in residence at West Kirby, and ten at the School of Recovery, whilst nine cases have been maintained at the Home for Epileptics.

Certain mentally defective children require to be admitted to residential special schools, and during the year 20 defectives were maintained by the Committee at "Pontville" Roman Catholic Special School, Ormskirk, 11 at Allerton Priory Roman Catholic Special School, Woolton, and 2 at Dovecot Horticultural School for Mentally Defective Girls, Knotty Ash.

99. The following Table shows the work carried out during **Dental Treatment at Hightown and Special Schools.** the year by the dental staff of the School Medical Department at the Special Schools and the Hightown Approved School:—

Table 17.

	Hightown.	Special Schools.	Total.
Number of inspection sessions ... ..	2	13	15
Number of treatment sessions ... ..	16	74	90
Total number of sessions ... ..	18	87	105
Number of children inspected ... ..	172	1,272	1,444
Number of children requiring treatment ...	*99	792	891
Number of children treated ... ..	(57.5%) 73	(62.2%) 660	(61.7%) 733
Number of attendances made for treatment ...	107	729	836
Number of teeth extracted ... ..	106	1,131	1,237
Number of teeth filled ... ..	55	143	198
Number of other operations ... ..	29	28	57
Number of administrations of general anesthetics ... ..	73	571	622

\* It was not possible to complete the treatment for all these children before the end of the calendar year. The treatment of the remainder was completed early in 1938.

The acceptance rate for dental treatment at the Special Schools has shown a further upward trend during the year, having risen from 81.3% in 1936 to 83.3%. In two of these schools the acceptance rates proved to be 100% and 94% respectively.

At the Hightown Approved School, at which every case requiring dental treatment is treated, a high standard of dental fitness continues to be maintained. At the annual inspection in September, 1937, 49.6% only of the boys were found to require dental treatment of any kind, as compared with 65.8% in 1936. Of the 121 boys examined, 11 were new entrants who had not previously been given regular treatment, and these 11 boys required between them the extraction of 15 permanent teeth.

The remaining 110 boys, who have, when necessary, received filling treatment at the quarterly visits, required the extraction of only 9 permanent teeth in all. This remarkably low proportion of extractions of permanent teeth illustrates in a striking manner the great value of regular dental inspection and treatment.

### JUNIOR INSTRUCTION CENTRES.

100. In accordance with the suggestions made in the Ministry of Labour's memoranda ACM1 and ACM6, a scheme of medical inspection and treatment for juveniles attending the Junior Instruction Centres in Liverpool was submitted to the Committee by the Medical Officer, and after being approved by them received the sanction of the Ministry of Labour in April, 1937.

The medical work in connection with the centres presents a number of problems which do not arise in the case of medical schemes applicable to the elementary schools. Thus, whilst children at the elementary schools remain under the supervision of the local authority for nine consecutive years, the period of attendance at Junior Instruction Centres may be only for a few weeks or months, with the result that the personnel is constantly changing. Thus it has been found that the personnel of those attending the centres during 1937 changed more than six times during the year. Attendances are made on half-days only; alternately on the mornings of one week, and the afternoons of the following week. The Ministry's memorandum points out that no compulsion to undergo medical inspection may be put upon the trainees.

It was not found practicable to institute a scheme for the routine medical inspection of all juveniles attending the centres, and only such cases are examined as the Superintendents or the visiting medical officers consider likely to require it.

It was decided at the outset not to attempt to put the scheme into operation at once at all the eight centres provided by the Committee (5 Boys' and 3 Girls') until experience of the working of the scheme had first been obtained at one or two of the centres. A commencement was made in June, and by November all the centres were being regularly inspected, fortnightly at the smaller and weekly at the larger centres. Arrangements have also been made for Superintendents to send to the Office any special cases for examination in between the visits of the doctors to the centres. Just prior to the visits of the medical officers, arrangements have

been made for the Superintendents to submit lists of any juveniles whom they would like to be examined. Any medical records referring to such juveniles are then sent to the centres for the information of the medical officers. After examining all these cases the medical officers carry out a general survey of the juveniles in attendance, with the object both of discovering any cases of sub-normal nutrition requiring the provision of milk, and of selecting any further special cases for examination which had not already been examined.

101. When any defects are discovered which would render certain types of employment unsuitable, such contra-indications are entered on the record card for the information of the Juvenile Employment Bureau. The chief types of employment for which particular juveniles were regarded as unsuitable, were those involving severe manual work, eye strain and exposure to bad weather or a dusty atmosphere. Also the Superintendents are advised as to any modifications recommended with regard to swimming, games or drill or any special remedial exercises which should be provided for certain postural or orthopædic defects.

With regard to treatment, arrangements have been made to extend the Committee's existing schemes for treatment to those attending Junior Instruction Centres so far as Minor Ailments, Defective Vision, Aural and Orthopædic defects are concerned. In the case of dental treatment, however, arrangements were made for the Dental Hospital to undertake any necessary fillings or extractions for cases recommended by the medical officers, at a uniform charge per case, payable by the Committee.

The application of the scheme of treatment is somewhat complicated by the fact that certain of the juveniles were either on private practitioners' panels or, though eligible, had not taken any steps to avail themselves of this form of assistance, and in these cases the Ministry's memorandum requires that any treatment which would be available to them under the National Health Insurance Scheme should not be provided by the Education Committee.

The following Table summarises the medical work carried out in connection with the Junior Instruction Centres, but it should be noted that, as stated above, the figures given do not relate to the work of a complete year. The figures given for subnormal nutrition cannot be regarded as a basis for estimating the incidence of nutritional defects amongst the juveniles, since the cases whose nutrition was assessed were specially referred, there being no routine assessment of all those in attendance as in the case of the elementary schools. There can be no question but that it would be highly advantageous to the physique of many of the juveniles attending if arrangements could be made for them to receive nutritious mid-day meals. Since this is not yet possible, some of the cases have been referred to the Unemployment Assistance Board for the provision of extra nourishment, whilst cases requiring medical treatment for nutritional defects, such as cod liver oil or Parrish's Food, have been referred to the Public Assistance Committee in suitable cases, even though they may not have been in receipt of Public Assistance allowances.

Table 18.

## Medical Inspection and Treatment at Junior Instruction Centres, 1937.

	Boys.	Girls.	Total.
Number of individuals examined ... ..	608	252	860
Special examinations ... ..	650	283	933
Re-inspections ... ..	143	76	219
Individuals requiring treatment for :—			
(1) Defective vision ... ..	120	61	181
(Cases treated by Education Committee) ... ..	(56)	(18)	(74)
(2) Dental defects ... ..	325	120	445
(Cases treated by Education Committee's arrangement).	(115)	(23)	(138)
(3) Subnormal nutrition ... ..	276	80	356
(Cases treated by Education Committee) ... ..	(272)	(65)	(337)
(4) Orthopædic and Postural defects ... ..	122	4	126
(Cases treated by Education Committee) ... ..	(8)	(0)	(8)
(5) Aural defects ... ..	44	6	50
(Cases treated by Education Committee) ... ..	(7)	(1)	(8)
Restriction or prohibition of drill or games advised ...	56	9	65

102. From time to time cases are seen in which it is considered desirable on medical grounds to exclude juveniles from attendances at the centres, and yet by so doing the medical officer knows that the juvenile will be deprived of his insurance benefit; this appears to be a particular hardship in the case of juveniles of exemplary character who are genuinely keen to find employment.

On the other hand, there are some juveniles who are known to be in a verminous or very dirty condition, and there appear to be no powers to deal with these conditions, and the juveniles apparently can continue in attendance at the centres and remain eligible for benefit.

The lady doctors who attend at the girls' centres state that, in their opinion, on the whole, the cleanliness of the girls leaves much to be desired, and that habits, such as excessive smoking, keeping late hours, etc., are not only undermining their general health and prejudicing their chances of getting employment but also are indicative of demoralisation of character.

The doctors are agreed that as the result of attendance at the centres there has been a considerable improvement in the cleanliness and personal appearance of many of the girls.

In practice the scheme of medical inspection and treatment has proved to be more successful than was anticipated, largely due to the enthusiastic co-operation of the Superintendents, who have done their best to see that any appointments made for treatment are kept and that any advice given with regard to games or drill or special remedial exercises are carried out.

### HIGHER SCHOOLS.

103. The schemes for the medical inspection and treatment of pupils attending Higher Schools remain unaltered.

The number of schools visited during the year was 21, one more than in 1936, and the numbers of medical inspections carried out were as follows:—

Routine cases	...	..	...	...	6,828
Re-inspections	...	...	...	...	6,796
Special cases	...	...	...	...	257

The proportion of routine cases requiring treatment was 11.6 per cent., a slight increase over that of the preceding year.

The general standard of health of the pupils is higher than that of the public elementary school children.

Only a relatively small proportion of the pupils participate in the mid-day school dinners, the remainder either bring their own lunches to school or have a mid-day meal at home, which in the case of those living at a distance, has perforce to be a hurried one.

Organised games and gymnastic exercises undoubtedly have a beneficial effect on the well-being of the pupils, but the facilities provided for these organised games are not as widely taken advantage of as they should be. Thus, a survey of 250 pupils at one school, where there are excellent facilities for games, showed that only three-fifths of the pupils joined in these games, and it was also found that only half could swim.

At the medical inspections, the most common defects found were those of eyesight, teeth and posture.

During the year the Medical Officer was requested to report as to the desirability of extending the dental scheme so as to include the pupils attending the Secondary and Junior Technical Schools. For the purpose of obtaining the necessary information for the report he arranged for some of the School Dental Officers to carry out an investigation into the dental condition of the pupils in certain representative schools.

As a result of this investigation it was found that the dental condition of the pupils attending the Secondary Schools was, on the whole, good, and that approximately 80 per cent. of them were receiving more or less regular treatment, either privately or as patients at the Dental Hospital.

In the Junior Technical Schools, on the other hand, it was found that very few pupils were receiving regular treatment, and, in fact, 80 per cent. of them were, at the time of inspection, suffering from untreated dental decay.

The Committee decided to take no action at the present in regard to the Secondary Schools, but considered that when the necessary additional staff became available the dental scheme should be extended so as to include the pupils attending the Junior Technical Schools.

At certain schools the Head Teachers do a good deal of "following-up" between one inspection and the next, with excellent results, and some incorporate in their terminal school reports useful reminders to the parents as to the desirability of obtaining any treatment which has been recommended. Gymnastic instructors co-operate in giving remedial exercises for postural defects, referred to them for such exercises by the medical officers.

The heights and weights of pupils due for routine inspection have been recorded by the gymnastic instructor, where there is such an official, and in other cases by the school medical officers. The following Table shows the results in inches and pounds respectively:—

**Table 19.**

Age.	Boys.			GIRLS.		
	Number examined.	Height.	Weight.	Number examined.	Height.	Weight.
8	27	51·5	60·3	33	50·2	57·5
9	21	51·6	59·3	41	52·3	64·6
10	56	54·2	69·9	57	54·4	70·9
11	280	52·9	72·4	231	56·3	77·9
12	474	54·8	81·6	420	57·8	86·0
13	610	59·5	91·8	441	62·8	96·5
14	725	63·1	103·4	371	62·5	109·7
15	534	64·1	116·6	330	64·1	116·0



### SCHOOL PREMISES.

104. The school medical officers, on the completion of their routine examinations at the schools, make reports on the condition of the premises with regard to such items as the efficiency of the heating, lighting, ventilation, conditions of playgrounds, etc., and references with regard to all defects found are referred to the appropriate quarters, when considered necessary. The district sanitary inspectors also make periodical visits to all public elementary schools for the purpose of inspecting the sanitary arrangements.

The Surveyor has kindly supplied details relating to all the improvements made in connection with public elementary schools during the year, which may be summarised as follows:—

#### List of improvements made in various Schools during 1937.

Re-flooring or strengthening floors	...	...	11	Schools.
Improvements to heating arrangements	...	...	9	„
Improvements to natural or artificial lighting...	...	...	5	„
Other alterations to buildings	...	...	10	„
Alterations or improvements of Lavatories, etc...	...	...	6	„
Improvements to Playgrounds, etc.	...	...	10	„

### EMPLOYMENT OF SCHOOL CHILDREN.

105. At the end of the year there were 1,675 school children (1,616 boys and 59 girls) employed out of school hours, 1,185 of these children being occupied in delivering milk or newspapers.

When children desire to work before school hours, they have to be examined by the school medical officers and passed as physically fit before certificates are granted. For this purpose, 1,084 children were examined, and all but 6 were granted certificates. All employed children, whether working before or after school hours, are required to obtain employment cards, which are issued by the Education Committee, and these children are kept under supervision by the School Medical Officers at their visits to the schools. Employment which, under the local bye-laws, is limited to two hours on school days, and five hours on Saturdays and during school holidays,

seldom has any adverse effect upon the children's health, though occasionally it has been found advisable to recommend the giving up of such work in the interests of health.

106. During the year, the Sub-Committee dealing with the licensing of children, granted 58 theatrical licences in respect of 57 children, as against 63 licences granted during the year 1936 and 86 licences during 1935.

The total number of licensed children who appeared at local places of entertainment was 89, as against 119 for the previous year. Only five of these were Liverpool children.

All places of entertainment where the children were engaged were visited by the Committee's officers during the period of the employment of the children, and it was found that the regulations were complied with fully. The officers also visited the respective places of residence, and were satisfied with the conditions under which the children resided in Liverpool. In accordance with the Committee's instructions, a woman visitor, accompanied by the Employment Officer, visits both the lodgings and the theatres.

#### **JUVENILE EMPLOYMENT BUREAU.**

107. During the year there has been a slow but steady improvement in the local trade position, and this, together with opportunities afforded by the Ministry of Labour's Juvenile Transference Scheme, has appreciably relieved the unemployment problem among young persons. The number of young persons in industry in Liverpool during the year was approximately little short of 3,000 more than in 1936. There continued to be, however, a substantial surplus of juvenile labour, especially in the 16 to 17 age group, for which there would appear to be few openings in local industries. The weekly average "Live" Register at the Bureau during the year was 5,262 (3,279 boys and 1,983 girls) as compared with 5,510 (3,495 boys and 2,015 girls) during the previous year.

The number of applicants for employment and advice during the year was 31,062, a figure 1,027 below that for the preceding

year. This reduction, in the main, was due to fewer children applying to the Bureau for employment immediately on leaving school, the actual number who did so being 10,920 as compared with 11,669 last year.

108. School Conferences—an important side of the advisory work of the Bureau—have continued to be held during the year, and in all 1,109 visits were paid to schools by Bureau Officers. At these Conferences, which are held towards the end of each term, 13,164 juveniles, shortly due to leave school, were interviewed and advised on matters concerning their future careers. It is the practice for parents to be invited to these Conferences, and 2,550 availed themselves of the opportunity of meeting Bureau Officers for a discussion on the future employment and welfare of their children.

The improvement in local trade conditions has resulted in the Bureau being able to find employment for 17,480 juveniles (8,082 boys and 9,398 girls) during the year, this figure constituting a record in the number of placings, and being an increase of 2,262 upon that for last year. The total number of vacancies notified by employers to the Bureau was 21,080, an increase of 2,989 compared with the previous year. In comparison with last year, the chief occupations in which increased numbers of boys have been placed are clerical work (860), skilled trades (326), hotels and catering (304), manufacturing industries (1,192), and distributive trades (2,660); whilst greater numbers of girls have been assisted to secure positions in offices (1,108), shops (1,329), cafes (516), and domestic service (631).

109. Wide publicity has been given by the Bureau throughout the year to the facilities offered by the Juvenile Transference Scheme of the Ministry of Labour to unemployed boys and girls to secure employment in the more prosperous areas. By this means the following transfers have been effected, viz.:—

223 juveniles (219 boys and 4 girls) to Birmingham for employment chiefly in the manufacturing industries.

- 171 juveniles (156 boys and 15 girls) to London for employment in manufacturing industries, hotels, etc.
- 121 boys to Y.M.C.A. Camp, Sandwich, for a short holiday prior to placement in industrial work in the Midlands and Southern Counties.
- 28 boys to Y.M.C.A. Hostel, Plaistow, for training and subsequent placement in hotels, clubs, etc., in London area.
- 39 boys to Y.M.C.A. Farm Hostels for training and subsequent placement in agricultural work.
- 53 boys to Gravesend Sea Training School for training in deck or stewarding duties subsequent to placement in seafaring employment.

In all, it will be observed that during the year 635 juveniles (616 boys and 19 girls) have been assisted to secure employment under the Transfer Scheme, which provided for medical examination prior to transfer, clothing, free rail travel, suitable lodgings, financial grants and adequate supervision in the "demand" area. Unfortunately many of these transferees do not settle in employment away from their homes, and in course of time return to Liverpool, where, as may be expected, they experience difficulty in finding fresh employment.

It was also possible to afford free training to 54 boys (including, under a special scheme, 8 half-cast negroid boys) at the Committee's Nautical School of Cookery, many of whom, as a result, secured employment in hotels or at sea.

110. Close co-operation exists between the Bureau and the School Medical Service, and provides for the examination by the school medical officers of juveniles applying for transfer to Birmingham and in some cases for admission to Y.M.C.A. Training Hostels. Juveniles for transfer to areas other than Birmingham are medically examined, under arrangements made by the Ministry of Labour by regional medical officers of the Ministry of Health.

111. During the year the Authority has been engaged in preparation for the conversion of the Williamson (Boys' Farm Training) Hostel for the purpose of a Junior Transfer Centre, the Scheme for which provides a short course of restorative treatment for boys, certified by the school medical officers as needing such attention, to fit them for transfer to industrial employment away from home. The proposals envisage the treatment of 20 boys at a time; special attention will be devoted to the improvement of their physical condition, and they will be under the supervision of the Medical Officer attached to the Hostel. The Scheme, which has the approval and financial assistance of the Ministry of Labour, will be brought into operation in the Spring of 1938.

112. The Special Schools' Section of the Juvenile Employment Bureau dealt with fresh applications from 191 juveniles (113 boys and 78 girls) during the year, and also applications from 100 juveniles (46 boys and 54 girls), ex-scholars from Special Schools who had fallen out of employment. School leaving conferences, attended by the Medical Officer, the Special Schools Inspectress and the Bureau Officer for the Special Schools, have been held at the various schools, 130 juveniles (85 boys and 45 girls) being interviewed, examined and advised as to their future employment; 105 parents also attended these meetings. Many difficulties are experienced in obtaining employment of a suitable character for defective children, and it is therefore gratifying to note that the Bureau placed 117 of these applicants (48 boys and 69 girls) during the year, compared with 47 for the previous year. By means of special After-Care Meetings, the Juvenile Employment Committee endeavours to keep in close touch with these juveniles, and of those invited 204 to attend such meetings during the year, 68 per cent. either attended or responded by letter. In the work of After-Care, the school After-Care Committee plays an important and useful part.

After-Care "Open Evenings" have been held weekly at the Central Bureau throughout the year and, for the major portion of the period, similar meetings have been held at four of the branch

offices of the Bureau. In all, 308 meetings were held, and 12,902 invitations (6,788 to boys and 6,114 to girls) were issued to juveniles placed in employment by the Bureau. A total of 3,455 (2,214 boys and 1,241 girls) attended the meetings and availed themselves of the opportunity thus afforded of discussing with Committee Members and Bureau Officers their employment and general welfare, whilst 4,591 juveniles (2,021 boys and 2,570 girls), unable for one reason or another to attend, sent written replies to their invitations.

113. The Sections of the Unemployment Act, 1934, under which provision is made for granting assistance to able-bodied juveniles, came into operation on the 1st April, 1937. As a result, unemployed juveniles over 16 years of age, previously maintained either out of family income or by grants from the Public Assistance Committee to their parents, became qualified under certain conditions to receive allowances from the Unemployment Assistance Board. These allowances, assessed by the Board according to the needs of the individual juvenile, are paid at the Bureau which is thus brought into close contact with the boys and girls affected, for this and other purposes. Towards the end of the year 564 boys and 229 girls were in receipt of allowances.

The total number of new claims to Unemployment Insurance and Unemployment Assistance during the year was 8,742 (4,995 boys and 3,747 girls), and 5,022 boys and 2,850 girls, a total of 7,872 juveniles, made "renewal" claims. The amount of Insurance Benefit and Allowances paid to juveniles through the Bureau during the year was £27,366, the weekly average number of juveniles to whom payments were made being 1,525 (1,083 boys and 442 girls).

114. Under the provisions of the Unemployment Insurance Act, 1935, 21,350 unemployed juveniles (11,501 boys, 9,849 girls) were issued with the statutory requirement to attend an Approved Course of Instruction at one of the Junior Instruction Centres, of which there are now eight (5 for boys and 3 for girls) established in Liverpool. In the large majority of cases the attendance was

generally satisfactory and called for no official action, but in the case of 2,002 juveniles (962 boys and 1,040 girls) it was found necessary to summon them or their parents to meetings of the Boards of Assessors on the ground of non-attendance, irregular attendance, or misbehaviour at Centres. In the cases of 78 boys and 47 girls, where action under the Boards of Assessors failed to prove effective, it was found necessary to have recourse to legal proceedings in the Courts, on the authority of the Ministry of Labour, with the result that fines were imposed in the cases of 30 boys and 16 girls; 5 boys were committed to Approved Schools; one boy received one year's probation; and one girl was discharged under Probation of Offenders' Act. The remainder of the prosecutions were withdrawn, the juveniles concerned having chiefly resumed Centre attendance or secured employment.

115. The year has brought additional opportunities for extending the arrangements for co-operation between the School Medical Service and the Juvenile Employment Bureau. In addition to the medical examination of juveniles under the Transfer Scheme, the school medical officers have examined and furnished reports upon many juveniles specially referred to them by Bureau Officers; for example, those who appear to be unfitted by reason of ill-health or some defect for certain forms of employment, or to be in need of dental or optical treatment or advice.

It may be of interest to cite the case of a girl who had lost the sight of her right eye. In advising against her undertaking any form of work that involved eye strain, the school medical officer referred her to hospital for a change of glasses. The oculist who examined her eyes expressed a wish to experiment with the blind eye (which was quite white) by staining the cornea with a view to "beautifying her and making her chances of employment more normal." The necessary permission being granted, the operation was duly performed, with the result that the blind eye became almost normal in colour. The girl herself was exceedingly grateful as, coming from a very poor home, she would not have had the opportunity, under ordinary circumstances, of receiving expert

medical service and skill without charge. The Bureau, subsequently, was able to place her in satisfactory employment.

W. M. FRAZER,

*Medical Officer to the*  
Education Authority.



Appendix A.**MEDICAL INSPECTION RETURNS.**

Year ended 31st December, 1937.

**TABLE I.****MEDICAL INSPECTIONS OF CHILDREN ATTENDING  
PUBLIC ELEMENTARY SCHOOLS.****A.—Routine Medical Inspections.**

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS :—

Entrants ... ..	14,571
Second Age Group ... ..	13,319
Third Age Group ... ..	11,662
TOTAL ... ..	<u>39,552</u>

**B.—Other Inspections.**

NUMBER OF SPECIAL INSPECTIONS ... ..	60,029
NUMBER OF RE-INSPECTIONS ... ..	107,208
TOTAL ... ..	<u>167,237</u>

**C.—Children Found to Require Treatment.**

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other con- ditions recorded in Table IIA. (3)	Total. (4)
ENTRANTS ... ..	57	2,683	2,737
SECOND AGE GROUP ... ..	667	1,835	2,382
THIRD AGE GROUP ... ..	771	1,447	2,098
TOTAL (PRESCRIBED GROUPS) ... ..	1,495	5,965	7,217

## MEDICAL INSPECTION RETURNS.

TABLE II.  
ELEMENTARY SCHOOL.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1937.

DEFECT OR DISEASE.  (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.  (2)	Requiring to be kept under observation, but not requiring Treatment.  (3)	Requiring Treatment.  (4)	Requiring to be kept under observation, but not requiring Treatment.  (5)
<b>SKIN—</b>				
(1) Ringworm—Scalp ... ..	5	—	43	—
(2) „ Body ... ..	3	—	216	—
(3) Scabies ... ..	38	—	1,202	—
(4) Impetigo ... ..	76	—	2,614	—
(5) Other Diseases (Non-Tuberculous)	160	151	1,811	61
TOTAL (Heads 1 to 5) ...	282	151	5,886	61
<b>EYE—</b>				
(6) Blepharitis ... ..	187	185	1,138	80
(7) Conjunctivitis ... ..	91	39	1,810	11
(8) Keratitis ... ..	11	—	37	—
(9) Corneal Opacities ... ..	—	20	—	7
(10) Other Conditions (excluding Defective Vision and Squint) ...	33	82	719	17
TOTAL (Heads 6 to 10) ...	322	326	3,704	115
(11) Defective Vision (excluding Squint)	1,495	2,314	2,207	492
(12) Squint ... ..	864	963	1,214	139
<b>EAR—</b>				
(13) Defective Hearing ... ..	79	264	58	72
(14) Otitis Media ... ..	300	157	2,055	41
(15) Other Ear Diseases ... ..	98	132	1,249	29
<b>NOSE AND THROAT—</b>				
(16) Chronic Tonsillitis only ... ..	535	2,913	211	222
(17) Adenoids only ... ..	79	114	58	29
(18) Chronic Tonsillitis and Adenoids ...	201	523	176	57
(19) Other Conditions ... ..	681	485	199	102

TABLE II.—Continued.

DEFECT OR DISEASE.  (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment. (2)	Requiring to be kept under observation, but not requiring Treatment. (3)	Requiring Treatment. (4)	Requiring to be kept under observation, but not requiring Treatment. (5)
(20) Enlarged Cervical Glands (Non-Tuberculous) ... ..	8	357	14	38
(21) Defective Speech ... ..	94	465	29	126
HEART AND CIRCULATION—				
Heart Disease—				
(22) Organic ... ..	—	104	21	35
(23) Functional ... ..	3	1,016	30	190
(24) Anaemia ... ..	190	281	95	62
LUNGS—				
(25) Bronchitis ... ..	357	1,183	120	134
(26) Other Non-Tuberculous Diseases ...	19	112	50	39
TUBERCULOSIS—				
Pulmonary—				
(27) Definite ... ..	1	—	2	1
(28) Suspected ... ..	—	—	8	—
Non-Pulmonary—				
(29) Glands... ..	1	55	6	12
(30) Bones and Joints ... ..	1	11	15	4
(31) Skin ... ..	3	3	1	—
(32) Other Forms ... ..	3	49	5	10
TOTAL (Heads 29 to 32)	8	118	27	26
NERVOUS SYSTEM—				
(33) Epilepsy ... ..	12	50	9	12
(34) Chorea... ..	46	—	97	—
(35) Other Conditions ... ..	66	243	34	53
DEFORMITIES—				
(36) Rickets ... ..	31	130	10	8
(37) Spinal Curvature ... ..	30	25	11	9
(38) Other Forms ... ..	116	152	54	38
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases ...	2,306	3,086	30,226	853
TOTAL NUMBER OF DEFECTS ... ..	8,223	15,664	47,854	2,983

TABLE II.—Continued.

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly subnormal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	14,571	684	4·69	12,128	83·23	1,707	11·72	52	·36
Second Age-group	13,319	854	6·41	10,866	81·59	1,568	11·77	31	·23
Third Age-group	11,662	1,399	11·99	9,252	79·34	997	8·55	14	·12
TOTAL ... ..	39,552	2,937	7·43	32,246	81·53	4,272	10·80	97	·24

## ELEMENTARY SCHOOLS.

Table III.

Numerical Return of all Exceptional Children in the Area at the end of 1937.

			Boys.	Girls.	Total.
BLIND	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind ... ..	20	9	29
		At Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	—	—	—
		TOTALS ... ..	20	9	29
PARTIALLY BLIND	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind ... ..	—	—	—
		At Certified Schools for the Partially Blind... ..	51	49	100
		At Public Elementary Schools ... ..	12	13	25
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	2	—	2
TOTALS ... ..	65	62	127		
DEAF	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf ... ..	*35(2)	32	67(2)*
		At Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	—	1	1
		TOTALS ... ..	35	33	68
PARTIALLY DEAF	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf ... ..	12	15	27
		At Certified Schools for the Partially Deaf... ..	—	—	—
		At Public Elementary Schools ... ..	3	5	8
		At other Institutions ... ..	—	—	—
		At no School or Institution ... ..	1	—	1
TOTALS ... ..	16	20	36		
MENTALLY DEFECTIVE	Feeble-minded ... ..	At Certified Schools for Mentally Defective Children ... ..	372	247	619
		At Public Elementary Schools ... ..	†31(24)	†25(18)	†56(42)
		At other Institutions ... ..	7	4	11
		At no School or Institution ... ..	†17(1)	†20(1)	†37(2)
		TOTALS ... ..	427	296	723
EPILEPTICS	Suffering from severe epilepsy.	At Certified Special Schools ... ..	12	11	23
		At Public Elementary Schools ... ..	1	—	1
		At other Institutions ... ..	—	2	2
		At no School or Institution ... ..	9	9	18
		TOTALS ... ..	22	22	44
PHYSICALLY DEFECTIVE	Pulmonary tuberculosis requiring treatment (including pleura and intrathoracic glands)	At Certified Special Schools ... ..	36	22	58
		At Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	3	2	5
		At no School or Institution ... ..	13	9	22
		TOTALS ... ..	52	33	85

\* The numbers in brackets refer to children under 5 years of age. These figures are included in the totals.

† The numbers in brackets refer to cases not yet examined by the Certifying Medical Officer. These figures are included in the totals.

## ELEMENTARY SCHOOLS.

Table III—Continued.

			Boys.	Girls.	Total.
	Non-pulmonary tuberculosis (all forms)	At Certified Special Schools ... ..	28	33	61
		At Public Elementary Schools ... ..	2	—	2
		At other Institutions ... ..	27	11	38
		At no School or Institution ... ..	20	25	45
		TOTALS ... ..	77	69	146
PHYSICALLY DEFECTIVE (continued)	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Special Schools ... ..	201	209	410
		At Public Elementary Schools ... ..	241	171	412
		At other Institutions ... ..	2	6	8
		At no School or Institution ... ..	27	34	61
		TOTALS ... ..	471	420	891
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Special Schools ... ..	176	99	275
		At Public Elementary Schools ... ..	2	6	8
		At other Institutions ... ..	8	4	12
		At no School or Institution ... ..	37	37	74
		TOTALS ... ..	223	146	369
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Special Schools ... ..	83	99	182
		At Public Elementary Schools ... ..	3	8	11
		At other Institutions ... ..	14	9	23
		At no School or Institution ... ..	24	47	71
		TOTALS ... ..	124	163	287

## ELEMENTARY SCHOOLS.

Table III—Continued.

Children Suffering from Multiple Defects and the Type of School,  
if any, attended.

Combination of Defects.	School attended, etc.	Boys.	Girls.	Total.
<b>Total Blindness and Crippling</b> .....	At no School or Institution ... ..	—	1	1
<b>Deafness and Crippling</b> ... ..	At Certified School for the Deaf ... ..	—	1	1
<b>Deafness and Mental Defect</b> ... ..	At no School or Institution ... ..	1	—	1
<b>Mental Defect and Epilepsy</b> ... ..	At no School or Institution ... ..	2	—	2
<b>Mental Defect and Active Tuberculosis</b> ... ..	At other Institutions ... ..	1	—	1
<b>Mental Defect and Crippling</b> ... ..	At Certified Schools for Mentally Defective Children ... ..	5	3	8
	At other Institutions ... ..	—	1	1
	At no School or Institution ... ..	1	—	1
<b>Mental Defect and Heart Disease</b>	At Certified Schools for Mentally Defective Children ... ..	1	3	4
	At no School or Institution ... ..	—	2	2
<b>Epilepsy and Crippling</b> ... ..	At Certified Special Schools... ..	2	—	2
	<b>TOTALS</b> ... ..	<b>13</b>	<b>11</b>	<b>24</b>





### ELEMENTARY SCHOOLS.

#### Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I).

Defect or Disease.  (1)	NUMBER OF DEFECTS DEALT WITH.		
	Under the Authority's Scheme.  (2)	Other-wise.  (3)	TOTAL.  (4)
<b>ERRORS OF REFRACTION (including Squint)—</b>			
New Cases ... ..	2,590	178	2,768
Re-examinations ... ..	2,606	44	2,650
TOTAL ... ..	5,196	222	5,418
Other Defect or Disease of the eyes (excluding those recorded in Group I) ... ..	13	50	63
TOTAL ... ..	5,209	272	5,481

Total number of Children for whom Spectacles were prescribed :

(a) Under the Authority's Scheme ... ..	4,392
(b) Otherwise ... ..	215

Total number of Children who obtained or received Spectacles :

(a) Under the Authority's Scheme ... ..	4,368
(b) Otherwise ... ..	213

## ELEMENTARY SCHOOLS.

## Group III.—Treatment of Defects of Nose and Throat.

	NUMBER OF DEFECTS.					Total number treated.
	RECEIVED OPERATIVE TREATMENT.			Received other forms of treatment.		
	Under the Authority's Scheme, in Clinic or Hospital.	By private practitioner or Hospital, apart from the Authority's Scheme.	TOTAL.			
	(1)	(2)	(3)	(4)	(5)	
Tonsils only ... ..	831	63	894	17	911	
Adenoids only ... ..	127	13	140	2	142	
Tonsils and Adenoids ...	353	45	398	8	406	
Other defects of the nose and throat ... ..	—	—	—	11	11	
TOTAL ... ..	1,311	121	1,432	38	1,470	

## Group IV.—Orthopædic and Postural Defects.

	UNDER THE AUTHORITY'S SCHEME.			OTHERWISE.			TOTAL NUMBER TREATED.
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an Orthopædic Clinic.	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an Orthopædic Clinic.	
Number of children treated	—	—	686	16	34	68	770



## ELEMENTARY SCHOOLS.

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### Group VI.—Uncleanliness and Verminous Conditions.

(1)	Average number of visits per school made during the year by the School Nurses	43·6
(2)	Total number of examinations of children in the Schools by School Nurses	283,085
(3)	Number of individual children found unclean	20,923
(4)	Number of individual children cleansed under Liverpool Corporation Act, 1921.	38

**Note.**—Voluntary cleansings are shewn in paragraph 83 of this Report.

(5)	Number of cases in which legal proceedings were taken :—	
	(a) Under the Education Act, 1921	—
	(b) Under School Attendance Byelaws	
	(c) Under Liverpool Corporation Act, 1921 :	
	Informations	
	Discharged with a caution	

Appendix B.

## MEDICAL INSPECTION RETURNS.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING  
HIGHER SCHOOLS.

## A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS—

Age.	Boys.	Girls.	TOTAL.
8 years	43	39	82
9 years	42	65	107
10 years	79	84	163
11 years	370	301	671
12 years	638	529	1,167
13 years	782	553	1,335
14 years	876	513	1,389
15 years	688	431	1,119
16 years	294	211	505
17 years	163	127	290
TOTAL	3,975	2,853	6,828

## B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	...	...	...	...	...	...	257
NUMBER OF RE-INSPECTIONS	...	...	...	...	...	...	6,796
						TOTAL	7,053

## C.—Children found to require Treatment.

Number of individual children found at Routine Medical Inspection  
to Require Treatment (excluding Defects of Nutrition,  
Uncleanliness and Dental Diseases).

Group.	For defective vision (excluding squint).	For all other con- ditions recorded in Table IIA.	Total.
(1)	(2)	(3)	(4)
TOTAL ROUTINE INSPECTIONS	323	555	791

## HIGHER SCHOOLS.

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1937.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
<b>SKIN—</b>				
(1) Ringworm—Scalp ... ..	—	—	—	—
(2) „ „ Body ... ..	—	—	—	—
(3) Scabies ... ..	—	—	—	—
(4) Impetigo ... ..	1	—	—	—
(5) Other Diseases (Non-Tuberculous)	13	37	1	2
TOTAL (Heads 1 to 5) ...	14	37	1	2
<b>EYE—</b>				
(6) Blepharitis ... ..	8	12	—	—
(7) Conjunctivitis ... ..	2	3	—	—
(8) Keratitis ... ..	1	—	—	—
(9) Corneal Opacities ... ..	—	—	—	—
(10) Other Conditions (excluding Defective Vision and Squint) ...	1	9	—	—
TOTAL (Heads 6 to 10)	12	24	—	—
(11) Defective Vision (excluding Squint) ... ..	323	1,216	98	37
(12) Squint ... ..	38	140	8	—
<b>EAR—</b>				
(13) Defective Hearing ... ..	17	56	—	2
(14) Otitis Media ... ..	14	58	2	—
(15) Other Ear Diseases ... ..	9	16	1	4
<b>NOSE AND THROAT—</b>				
(16) Chronic Tonsillitis only ... ..	10	251	2	14
(17) Adenoids only ... ..	2	12	—	1
(18) Chronic Tonsillitis and Adenoids	2	29	—	—
(19) Other Conditions ... ..	49	75	3	5
(20) Enlarged Cervical Glands (Non-Tuberculous) ... ..	3	22	—	1
(21) Defective Speech ... ..	4	50	1	3
<b>HEART AND CIRCULATION—</b>				
Heart Disease :				
(22) Organic ... ..	7	38	—	5
(23) Functional ... ..	27	154	2	12
(24) Anaemia ... ..	9	54	2	2

TABLE II.—Continued.

DEFECT OR DISEASE.  (1)	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	Number of Defects.		Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
	(2)	(3)	(4)	(5)
LUNGS—				
(25) Bronchitis ... ..	3	34	—	1
(26) Other Non-Tuberculous Diseases ...	—	3	—	—
TUBERCULOSIS—				
Pulmonary—				
(27) Definite ... ..	—	6	—	—
(28) Suspected ... ..	—	2	—	—
Non-Pulmonary—				
(29) Glands ... ..	—	7	—	—
(30) Bones and Joints ... ..	—	4	—	—
(31) Skin ... ..	—	—	—	—
(32) Other Forms ... ..	—	—	—	—
TOTAL (Heads 29 to 32) ...	—	11	—	—
NERVOUS SYSTEM—				
(33) Epilepsy ... ..	—	1	—	—
(34) Chorea ... ..	16	—	—	—
(35) Other Conditions ... ..	1	28	1	1
DEFORMITIES—				
(36) Rickets ... ..	—	—	—	—
(37) Spinal Curvature ... ..	8	26	—	1
(38) Other Forms ... ..	145	256	9	14
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	186	647	20	47
TOTAL NUMBER OF DEFECTS	899	3,236	150	152

**B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.**

Age-groups.	Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Slightly subnormal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
All Routine Inspections	6,828	1,323	19.38	5,363	78.55	139	2.03	3	.04





## HIGHER SCHOOLS.

### Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

DISEASE OR DEFECT. (1)	NUMBER OF DEFECTS DEALT WITH		
	Under the Authority's Scheme. (2)	Otherwise. (3)	TOTAL. (4)
New Cases ... ..	93	103	196
Errors of Refraction (including Squint) Re-examination Cases ...	241	121	362
Other Defect or Disease of the eyes (excluding those recorded in Group I) ... ..	—	2	2
<b>TOTAL</b> ... ..	<b>334</b>	<b>226</b>	<b>560</b>

Total number of children for whom spectacles were prescribed :—

(a)	Under the Authority's Scheme	... ..	265
(b)	Otherwise	... ..	222

Total number of children who obtained or received spectacles :—

(a)	Under the Authority's Scheme	... ..	260
(b)	Otherwise	... ..	222

## HIGHER SCHOOLS.

## Group III.—Treatment of Defects of Nose and Throat.

	RECEIVED OPERATIVE TREATMENT			Received other Forms of Treatment	Total number treated
	Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total		
	(1)	(2)	(3)	(4)	(5)
Tonsils only ... ..	9	2	11	—	11
Adenoids only ... ..	1	1	2	—	2
Tonsils and Adenoids ...	—	1	1	—	1
Other defects of nose and throat ... ..	—	2	2	—	2
<b>TOTAL</b> ... ..	<b>10</b>	<b>6</b>	<b>16</b>	<b>—</b>	<b>16</b>

## Group IV.—Orthopædic and Postural Defects.

	UNDER THE AUTHORITY'S SCHEME.			OTHERWISE.			TOTAL NUMBER TREATED.
	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an Orthopædic Clinic.	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an Orthopædic Clinic.	
Number of children treated	—	—	6	1	—	7	13

Appendix C.

## REPORT BY THE INSPECTOR OF PHYSICAL TRAINING FOR THE YEAR, 1937.

◆◆◆

In presenting this, the 19th Annual Report, the Inspector of Physical Training wishes to place prominently before the Education Committee the remarkably successful results in athletics, games and swimming, gained by the boys and girls of Liverpool elementary schools in open competition during the year 1937, for which the teachers are, to a great extent, directly responsible, through their voluntary efforts in playing fields and swimming baths.

**FOOTBALL.**

Holders of the English Elementary Schools Shield (Season 1936-37).

(There are 390 affiliated associations, and 336 teams from England and Wales were entered.)

Holders of the Lancashire Elementary Schools Championship Cup (Season 1936-37).

Holders of the Merseyside Elementary Schools Championship Cup (Season 1936-37).

Holders of the W. R. Williams Cup (for annual competitions between Liverpool and Bootle).

Seven boys selected for County Honours.

Two boys selected for International Honours.

**ATHLETICS.**

Holders of Lancashire Championship Shield (for aggregate points gained by Boys and Girls), 1937.

Holders of Championship Shield (for Girls only), 1937.

Runners-up for Championship Shield (for Boys only), 1937.

(This Shield was held by the Boys for nine years previous to 1937.)

(The Championship Shield for aggregate for Boys and Girls has been held for ten consecutive years.)

Two boys and three girls were selected to represent the County in the National Competitions.

**T. Evans (Highfield Council School) won the National Half-mile in record time.**

**NETBALL.**

Liverpool girls were finalists in the Lancashire Championship and won the County Knock-out Competition.

**CRICKET.**

Won the Lancashire County Championship, 1937. (This was the first year in which a Liverpool team was entered.)

**SWIMMING.**

LANCASHIRE TEAM SWIMMING CHAMPIONSHIP, 1937.

This has been won in 1936 and 1937. Competition was instituted in 1935.

DERBYSHIRE MEMORIAL TROPHY.

Liverpool boys' 1st and 3rd (boys' competition).

Liverpool girl 2nd (girls' competition.)

This competition is open to all scholars in the Northern Counties, and is confined to Breast Stroke.

NORTHERN COUNTIES SCHOOL-TEAM CHAMPIONSHIP.

This was won by a team of boys from Garston C.E. School. (The team was third in the National Championship).

It is well known that to become proficient in any sport, one must commence young, and the preliminary training must be correct. Due attention having been paid to these two fundamentals, it requires no more than continuous practice, based on the lines of the early training, to ensure a high degree of efficiency in any branch of sport.

Sometimes champions are produced without any coaching beyond that given in the preliminary training; but the increasing pressure of competition, in sport as in other matters, necessitates, generally, continuous coaching to attain championship standard. The above method is followed in Liverpool for the production of large numbers of good athletes, together with a few champions.

In addition to the lessons given to all children attending school, according to the Syllabus of the Board of Education, in playgrounds and school halls, the majority of Senior departments include organised games in public parks and playgrounds, and swimming instruction at public and school baths, in the regular time-tables of work DURING SCHOOL HOURS.

The interest of Head and Assistant Teachers in the physical welfare of their pupils has also been clearly demonstrated by the whole-hearted manner in which they have successfully organised matches in football, cricket, baseball, rounders, netball and hockey; competitions in

athletics, swimming, life-saving and folk-dancing; and school camping,  
OUT OF SCHOOL HOURS.

The appointment by the Education Committee of two assistant Organisers of physical training was made in September, 1937, at an opportune time when the expansion of physical activities in the schools, playing fields, swimming baths and recreation clubs of Liverpool was urgently called for.

The physical training staff now includes:—

Mr. A. E. Harris (Diploma, Chelsea Physical Training College).

Miss M. T. Hallett (Diploma, Chelsea Physical Training College).

Mr. J. L. B. Norris (Diploma, Carnegie (Leeds) Training College).

Miss W. E. Edwards (Diploma, Liverpool Physical Training College).

Details of progress in the various branches of physical activities, which are included in the organisation of physical training, are dealt with in this annual survey, and brief reports (supported by statistics, where possible) are included.

Classes of instruction for teachers in physical training and games have been conducted during the Spring and Autumn Terms.

Available playing spaces in the public parks and school playing fields have been utilised to the fullest extent for organised games and athletic activities.

Gymnastic apparatus in the Senior departments has been fully appreciated by the teachers and scholars, and good progress has been shown.

The supply of games material has been increased, and the manual instruction centres have again helped in the provision of posts, bats, etc.

The scheme which provides free transport of children from congested areas to distant playing fields has been continued.

The play leadership in the public parks was extended to include eight parks during the five weeks of the summer holidays.

Fifteen play centres on school premises were successfully conducted during the winter months, with an average attendance of 7,000 children each evening.

Twenty-nine school playgrounds were included in a scheme for the summer months, which attracted an average of 2,300 children to play games from 5-0 to 7-0 o'clock each evening.

An increase in the number of school camps organised during the mid-summer holidays was again recorded. One hundred and forty-one camps were held, attended by approximately 5,500 children.

Thirteen bathing establishments controlled by the Corporation Baths Department were used by the scholars throughout the summer months, and eleven were also used during the winter. Sixteen smaller plunge baths on school premises were also used in the summer months. An increase in the number of swimmers has been recorded.

At 13 establishments the Baths Department places a limited number of spray and slipper baths at the disposal of school children, between the hours of 4-0 and 5-0 p.m., for private bathing during the winter months. This concession is fully utilised.

Six elementary schools have spray baths on school premises.

In connection with the extensive use of the Corporation swimming and private baths, the Education Committee pay the Baths Committee for the cost of towel supplies. In 1937 the amount expended was approximately £1,500.

Individual school sports were organised and conducted by the teachers in 98 school departments.

One hundred and eighteen departments arranged their own individual school swimming galas.

Voluntary organisations which are solely concerned with physical training and recreation, and other associations which include physical activities in their programmes, are helped by the provision of playing fields and games apparatus, in the free tenancies of school gymnasias, halls and playgrounds, and advice on problems which frequently occur.

Summary showing number of departments organising Sports, Swimming Galas, Camps, etc., taking part in the Committee's scheme of Free Transport to Playing Spaces, and the number of boy and girl Swimmers.

Schools.	Average time weekly devoted to syllabus work.	No. of depts. included in Free Transport Scheme.	No. of depts. holding individual school sports.	No. of depts. holding individual swimming galas.	No. of depts. organising summer camps.	No. of scholars able to swim at least 25 yards.	
						Boys.	Girls.
Council ... ..	95·4 minutes	23	64	85	89	5,727	4,200
Church of England ...	85·9 minutes	12	17	18	21	1,246	874
Roman Catholic (including 1 Methodist and 1 Hebrew) ...	89·2 minutes	38	17	15	31	2,482	1,234
	90·2 minutes	73	98	118	141	9,455	6,308
						15,763	
The corresponding figures for 1936 were:—							
	84·5 minutes	77	104	112	127	9,259	6,244
						15,503	

## Public Baths. Bathing of School Children, 1937.

	SWIMMING PLUNGES.				SLIPPER AND SPRAY BATHS.			
	Summer Months, 1937. April, May, June, July, Aug., Sept., Oct.		Winter Months, 1937. Jan., Feb., Mar., Nov., Dec.		Summer Months 1937. April, May, June, July, Aug., Sept., Oct.		Winter Months, 1937. Jan., Feb., Mar. Nov., Dec.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Beacon Street ...	—	—	—	—	4,115	—	2,990	—
Burroughs Gdns.	25,220	9,322	6,381	578	—	—	1,147	901
Cornwallis St. ...	14,771	9,269	3,821	401	—	—	779	250
Harold Davies ...	18,765	11,281	3,515	987	—	—	—	—
Kensington ...	—	—	—	—	679	373	617	320
Lister Drive ...	26,021	14,166	4,908	801	—	—	—	—
Lodge Lane ...	25,114	15,286	7,164	2,053	—	—	675	632
Margaret Street ...	43,591	17,586	17,043	1,681	—	—	647	685
Melrose Road ...	—	—	—	—	1,760	1,406	1,782	1,416
Minshull St. ...	—	—	—	—	209	1,110	417	895
Netherfield Rd. ...	—	—	—	—	—	797	—	617
Picton Road ...	16,323	7,930	4,344	711	—	—	914	133
Queens Drive ...	23,299	13,174	—	—	—	—	—	—
Speke Road ...	20,034	15,830	10,534	3,159	—	—	—	—
Steble Street ...	37,978	15,613	11,292	2,023	—	—	881	1,471
Westminster Rd.	31,673	17,307	15,055	3,865	—	—	331	982
Wm. Roberts ...	36,971	26,332	9,297	4,195	—	—	—	—
Woolton ...	2,724	1,235	—	—	6	64	105	92
	322,484	174,331	93,354	20,454	6,769	3,750	11,285	8,394
	496,815		113,808		10,519		19,679	
	GRAND TOTAL, 640,821							

(In 1936 the TOTAL ATTENDANCES were 638,691)



## Attendances at School Swimming Baths.

Name of School Bath.	Size of Bath.	No. of weeks Bath was in use in 1937.	Attendances.		Other Schools using Bath.
			Boys.	Girls.	
Anfield Road ...	50' × 20'	25	2,352	3,956	Townsend Lane. All Saints C.E. Holy Trinity C.E.
Beaufort Street ...	34' × 16'	24	5,992	3,593	—
Birchfield Road ...	58' × 20'	20	5,520	5,081	—
Brae Street ...	25' × 15'	20	2,151	1,754	—
Breckfield (Granton Road) ...	40' × 15'	22	—	2,029	Venice Street. Loraine Street. Queens Road. St. Saviour's C.E.
Breckfield (Venice Street) ...	20' × 10'	18	1,682	—	Major Lester C. Queens Road. St. George's C.E. St. Saviour's C.E.
Daisy Street ...	19' × 15'9"	4	117	227	—
Earle ... (Webster Road)	24' × 18'	22	3,605	1,475	Earle Road. Clint Road. St. Bridget's C.E. St. Hugh's R.C.
Harrington ...	24' × 13'6"	19	1,750	1,660	—
Heyworth Street ...	30' × 20'	22	3,878	2,152	Everton Terrace. St. Benedict's C.E.
Lawrence Road ...	54' × 24'	21	5,040	6,721	Earle Road. Webster Road. St. Hugh's R.C.
Newsham (Boaler Street) ...	45' × 20'	20	3,985	2,561	Sheil Road. Butler Street.
Rathbone ...	21'6" × 15'3"	22	3,190	3,080	St. Mary's C.E. (Edge Hill) Sacred Heart R.C.
St. Michael's Hamlet ...	22'6" × 18'6"	16	1,421	750	Matthew Arnold. St. Charles' R.C.
Sefton Park C. ...	40' × 20'	20	4,937	3,217	Dovedale Road. Morrison C. St. Bridget's C.E.
Warbreck (Longmoor Lane) ...	50' × 20'	21	10,451	7,563	Barlows Lane. Sherwoods Lane. Rice Lane. St. John's C.E., Walton. Holy Name R.C.
		TOTALS	56,071	45,819	

TOTALS for 1936

67,090

51,931

### Evening Play Centres. Winter Months.

During the winter months (October to March inclusive) Liverpool elementary school children enjoyed the benefits provided by 15 play centres, all situated in more or less crowded neighbourhoods. The general outline of the scheme was that followed in the past, with the exception of the transference of Addison Street Boys' Centre to the premises of Our Lady's R.C. School, a change necessitated by the acquisition, by the Roman Catholic School authorities, of the Addison Street premises for occupation by girls and infants. The centres were opened on Tuesday and Thursday evenings, from 5-30 to 7-30 o'clock, the approximate average attendance at all centres, on each evening of opening, being 7,000. Fuller details of the working of each centre are given in a schedule attached to this Report, including a list of activities followed by the children, average attendances, numbers of assistants, etc.

At a time such as the present, when the problem of the employment of leisure is occupying the attention of leading educationists, it is more than ever felt that a continuation of the facilities offered by play centres is of great importance; and it may be claimed that the facilities provided by the Liverpool Authority will bear comparison with any other town in the provinces. It is evident, too, from a survey of the average attendances, that the children appreciated the efforts made on their behalf. At least one Superintendent recalls with pleasure the eagerness with which his boys look forward to what is affectionately known in their vernacular as "playey", and mentions the real regrets which are expressed at the close of the session.

Four centres, viz., Banks Road, Leamington Road (Girls), Penrhyn Street and Salisbury Street (Girls) were in the charge of newly-appointed Superintendents. This is in accordance with the usual policy of the Committee in effecting triennial changes in the personnel of Superintendents, with a view to introducing fresh ideas for the entertainment and amusement of the children.

Following regular visits paid by the Supervisors during occasions of normal routine, throughout the session, reports have been received that centres have been well conducted and good discipline maintained, and that assistants show aptitude and ingenuity in maintaining interest. All the superintendents refer with appreciation to the loyalty and

enthusiasm shown by their assistants; it would seem that many of the teachers derive as much enjoyment from the play centre evenings as the children themselves.

Visits by members of the Committee with a view to inspection of the work carried on are welcomed by the children and staffs.

It is perhaps worth noting the popularity which has been achieved by films and lantern slides. Nearly every centre has had at least one film display or lantern lecture during the session, with apparatus provided by the teachers themselves. Another end-of-session attraction was a carnival or fancy dress parade, the dresses being made by the girls (chiefly from crêpe paper) either at the centres or at home.

### Reports on Individual Centres.

Centre (including situation and tram routes).	Average attend- ance.	Superintendent.	Occupations.	Day Schools from which children attend.
Banks Road (Garston). Car 1, 33.	475	Mr. A. T. Woolley, Banks Road C.	Singing, drawing, handwork, games, gym., painting, needlework.	Banks Road ; Garston C.E ; Garston R.C. ; Gilmour C. ; Garston Victoria C.E.
Harrington (Stanhope Street). Cars 1, 20, 21, 26, 45.	523	Mr. H. B. Bassett, Harrington C.	Games, handwork, painting, drawing, singing, knitting, modelling, pastel and raffia work.	Harrington ; Holy Trinity, Toxteth ; St. Vincent's ; St. Patrick's ; St. Malachy's.
Harrison Jones (W. Derby St.). Cars 4, 4A, 4W, 6, 6A, 7, 25, 46).	490	Mr. J. Welsby, Major Lester C.	Games, handwork, painting, dancing.	Harrison Jones , St. Stephens , Sacred Heart ; St. Jude's ; St. Anne's R.C. ; St. Hugh's ; Rathbone C. ; St. Mary's, Edge Hill.
Holy Cross (Addison Street)	349	Miss E. Hill, St. Patrick's R.C.	Handwork, singing, dramatics, dancing.	Holy Cross ; Notre Dame ; Our Lady's ; All Soul's ; St. Mary's R.C. ; St. Bridget's R.C. ; St. Barts.
Leamington Road Boys (Norris Green). Cars 14, 43, 43A.	404	Mr. J. Melia, Sheil Road C.	Games, drawing, stencils, modelling, tracing, painting.	Leamington Road ; Abbotsford Road ; Ellergreen Road ; St. Teresa's ; St. Matthew's ; Florence Melly C. ; Ranworth Square ; Wellesbourne Road.

Centre (including situation and tram routes).	Average attend- ance.	Superintendent.	Occupations.	Day Schools from which children attend.
Leamington Road, Girls. (Details as above).	459	Miss E. W. Ritchie, Leamington Rd. C.	Dancing, games, needlework, paint- ing, handwork.	As above.
Our Lady's (Titchfield Street). Car 16.	284	Mr. H. Shennan, St. Clare's R.C.	Games, boxing, painting, drawing, gym., dancing, raffia, handwork.	Friary; Bishop Goss. Our Lady's; St; Bridget's R.C.; Holy Cross.
Penrhyn Street (off Scotland Rd.) Cars 24, 26, 28, 43, 44.	666	Mr. A. Coleclough, Westminster Rd. C.	Games, drawing, pastel, charades, handwork, dancing.	Penrhyn Street; Stan- ley Rd.; All Saints' C.E.; St. Titus'; St. Anthony's; St. Alphonsus'; All Soul's R.C.
St. James' C. (St. James' Rd.). Cars 1, 20, 21.	465	Mr. F. T. Richards, St. James' C.	Games, painting, handwork, dancing, charades.	St. James'; St. Vincent's; St. Patrick's; St. Peter's R.C.; Windsor Street; St. Christopher's.
St. Paul's C.E. Byles Street). Cars 1, 3, 20, 21, 25, 33.	390	Mr. W. J. Rowlands, St. Lawrence's.	Games, drawing, painting, modelling, handwork, dancing, needlework, pastel- work.	St. Paul's, Toxteth; St. Silas'; Matthew Arnold; Upper Park Street; Mt. Carmel R.C.; Parkhill C.
St. Sylvester's (Silvester Street). Cars 20, 21, 22, 26, 43, 44.	704	Mr. F. McGrath, Friary R.C.	Music, games, draw- ing, boxing, hand- work, dancing, raffia, paperwork.	St. Sylvester's; St. Anthony's; St. Gerard's; St. Alban's.
Salisbury C. (Netherfield Rd.). Cars 30, 30A.	555	Mr. I. Williams, North Way C.	Games, boxing, painting, modelling, pastelwork, dancing, dramatic.	Netherfield Road; All Soul's; St. Mary's R.C.; Prince Edwin Street; Heyworth Street; Everton Terrace; St. Benedict's C.; St. Peter's C.E.; Friary R.C.
Salisbury C. (Salisbury Street). Cars 14, 30, 30A, 43A.	380	Mr. J. Delbridge, Queens Road C.	Boxing, games, woodwork, art, basketwork, wire- work.	Salisbury Street; St. Francis Xavier's; Steers Street; Friary R.C.; Christ Church; St. Peter's C.E.; Butler Street.
Salisbury C. (Salisbury Street) (as above).	404	Miss E. Butler, Westminster Rd. C.	Games, painting, dancing, leather and raffia work, art.	As above.
Wellington Road (Toxteth). Cars 1, 20, 21.	468	Mr. W. L. Jones, Anfield Road C.	Painting, boxing, games, handwork, dancing, dramatics.	Wellington Road; Beaufort Street; St. Cleopas'; Mt. Carmel R.C.; Upper Park Street; St. Malachy's; Parkhill C.
Total average attendance ...	7,016			

### Playground Play Centres. Summer Months.

The amount of traffic passing through the Liverpool streets has grown to such an extent that the playing of games in the streets by school children, at any rate in the more crowded neighbourhoods, has become very dangerous, if not practically impossible. It is with view mainly to withdrawing as many of these children as possible from the busy streets, and lessening the risk of accidents, that the committee have once again thrown open a number of school playgrounds, between the hours of 5-0 and 7-0 o'clock on certain evenings during each week, for the playing of organised games under the control of experienced leaders.

Experience has shown that, even when parks or playgrounds are available, the children require leaders to organise their play and recreation. Play leaders, accordingly, were engaged to supervise 29 school playgrounds during the summer months of 1937. These leaders comprise teachers from the elementary schools, and also persons not in regular employment. On the whole, the latter worked with good results, especially those with some previous experience; it was, however, again demonstrated that specially-selected teachers were more successful in attracting larger numbers of children to the playgrounds.

Details of the 29 playgrounds open during 1937, and the approximate average attendances, are given below:—

Playground.	Evenings when open.	Average attendances.	
		Boys.	Girls.
Butler Street ...	Tuesday, Wednesday, Thursday ... ..	78	75
Chatsworth Street	Monday to Friday, inclusive ... ..	92	86
Clint Road ...	Tuesday, Wednesday, Thursday ... ..	79	67
Earle Road ...	Tuesday, Wednesday, Thursday ... ..	78	87
Granby Street ...	Tuesday, Wednesday, Thursday ... ..	81	72
Harrington ...	Monday to Friday, inclusive ... ..	69	64
	Carried forward ...	477	451
		928	

Playground.	Evenings when open.	Average attendances.	
		Boys.	Girls.
	Brought forward ...	477	451
Heyworth Street ...	Tuesday, Wednesday, Thursday ... ..	78	93
Lorraine Street ...	Tuesday, Wednesday, Thursday ... ..	72	—
Penrhyn Street ...	Tuesday, Wednesday, Thursday ... ..	90	96
Roscommon Street	Tuesday, Wednesday, Thursday ... ..	69	71
Salisbury Street ...	Tuesday, Wednesday, Thursday ... ..	75	72
Stanley Road ...	Tuesday, Wednesday, Thursday ... ..	83	84
Steers Street ...	Monday to Friday, inclusive ... ..	62	76
Tiber Street ...	Monday to Friday, inclusive ... ..	98	68
Upper Park Street...	Tuesday, Wednesday, Thursday ... ..	108	92
		1,212	1,103
	TOTAL ... ..	2,315	

The average attendances for 1936, when 32 playgrounds were in use, totalled 2,647. The reduction in numbers of playgrounds was necessitated by a cut in the estimates.

The Centres were open for seven weeks before, and eight weeks after, the elementary school midsummer holidays.

The following is a selection of the activities organised by the leaders:— Bat and ball games, football with rubber balls, handball, racing, skipping, jumping, skittles, quoits, clock-golf, etc. The attendances, of course, fluctuate with the weather, but it may be said that on the whole the same enthusiasm has been shown by the children this year as in previous years.

### Organised Games in Public Parks: Midsummer Holidays, 1937.

At the present time, when so many attempts are being made to raise the standard of physical fitness among the youth of Britain, a report in some detail upon the organisation of games and recreations in certain of the public parks during the recent midsummer holidays for

the elementary schools may be found interesting. The scheme, which has been carried on by the Education Committee in co-operation with the Parks and Gardens Committee during the past eighteen years, provides for the appointment of skilled play leaders; for the loan of games material to the children who attend; for their coaching in various games; and for facilities for children to take part in other organised activities of an open-air character.

The following eight parks, situated in well-populated areas of the City, were each staffed with two men and one woman as play leaders during the midsummer holidays; the leaders were on duty from 1-0 to 5-0 p.m. daily (Saturdays and Bank Holiday excepted). Approximate daily attendances are given in each case:—

	Boys.	Girls.	Total.
Walton Hall Park ... ..	152	114	266
Garston Recreation Ground ... ..	106	88	194
Wavertree Playground ... ..	230	60	290
Sheil Park ... ..	358	147	505
Princes Park ... ..	260	186	446
Clubmoor Recreation Ground ... ..	240	140	380
Stanley Park ... ..	250	118	368
Sefton Park ... ..	162	82	244
Totals ... ..	1,758	935	2,693

In 1936 the total daily attendances were 2,576.

Many of the play leaders were selected teachers, but a number of adequately-qualified persons not in regular employment were appointed as in previous years; the latter have worked successfully, in co-operation with the teachers, and several have shown real aptitude for the work.

A small lock-up hut, provided by the Committee, is situated in each park; in these are stored the following items of apparatus:—Jumping

standards, netball posts, netballs, rubber balls, cricket balls, baseballs, cricket bats, baseball bats, cricket stumps, rounder stumps, baseball bases, ropes for skipping and tug-of-war, boxing gloves, wicket-keeping gloves and cricket pads. A great deal of this stock was, of course, worn out during the holidays, but it is pleasing to report that cases of stealing were very rare.

As in previous years, the weekly sports meeting in each park proved the greatest attraction. Numerous racing and agility items appeared in the programmes, which also included treasure hunts, paper chases, marathons, bowling at stumps, wheelbarrow races, toddlers' races, etc. Small prizes were provided, for which the Education Committee approved the expenditure of 5s. weekly in each park; this sum is occasionally augmented by interested spectators, to whom thanks are also due for their assistance in marshalling the children on the sports days.

Although efforts continue to be made by the leaders to relieve girl scholars of some of their duties, by arranging for the babies of whom they are left in charge to be watched while the girls play games, it will be noticed that the attendances made by the boys are considerably larger than those of the girls.

A similar scheme, with the addition of Wavertree Park (making a total of 9 parks to be used) has been approved for the year 1938, at an estimated total expenditure of £450, as against £400 this year.

### **School Camps. Midsummer Holidays.**

Camping during a portion of the midsummer holidays has become a tradition in a large number of the elementary schools of Liverpool, the present scheme having been in existence for the past 18 years. During the present year 131 school camps have been successfully organised, and 355 leaders and 5,247 scholars have enjoyed at least one week in camp.

Camps are not provided or maintained by the Committee, but are assisted each year by a certain amount of grant which helps to defray the expenses incurred by camp organisers. These grants are paid only in respect of camps organised from elementary schools, and of children on the rolls of such schools selected by Head Teachers on the grounds of poverty. The grant is not intended to aid camp parties conducted by voluntary organisations. This year the total expenditure on all



camps was over £7,200, towards which the Committee contributed £2,520 18s. 0d. It is agreed that the annual allowance of these grants encourages voluntary subscriptions by parents, pupils, managers and teachers towards the various expenses incurred in the management of the camps.

Camp sites are chosen by the teachers, and submitted to the Committee for approval. All camps are open to inspection by members and officials of the Committee; the costs incurred by these visits of inspection must not, by a decision of the Elementary Education Sub-Committee, exceed  $2\frac{1}{2}$  per cent. of the total grant-in-aid.

The following table serves to give some idea of the growth of the scheme during recent years. On its inception in 1920, the number of camps aided was 22, representing a total grant of £358 10s. 0d.

Year.	Total grant from L.E.A.	Number of camps.	Number of leaders.	Number of scholars.
	£ s. d.			
1933	1,757 1 0	102	253	3,993
1934	1,873 15 0	115	323	4,566
1935	2,461 10 0	121	210	4,458
1936	2,565 10 0	127	334	4,797
1937	2,520 18 0	131	355	5,247

The circular setting out the conditions on which the Committee's grants are made, and inviting applications for inclusion in the scheme for the year 1937, met with its usual large response, and the Elementary Education Sub-Committee authorised grants in respect of 133 camps. The total grant available was again £2,600, and in consideration of the large increase in the proposed number of campers, the Committee were reductantly compelled to reduce the individual grant to 9s. per week for leaders and scholars, as compared with 10s. per week in 1936. No school received a grant for more than one week, although in 12 cases the children spent 10 or 14 days in camp.

Reports from the official visitors have been received and filed. The total cost of camp inspection amounted to £18 15s. 3d.

These reports speak well of the organisation of the camps and the conditions prevailing therein. Though the weather was not always too kind to the campers, especially during the first week of the holidays, most of the programmes arranged beforehand by the leaders were carried out to the enjoyment of all concerned.

Several accidents, though mostly of a minor nature, occurred at camps, but were effectively dealt with by the leaders with medical advice and treatment when necessary.

### The Voluntary Work of Teachers' Sports Associations.

#### "Out of School Hours."

This Annual Report has been prefaced with competition results gained by the boys and girls from Liverpool Elementary Schools. These results have been made possible by the voluntary efforts of four independent Sports Committees of teachers:—

1. The Liverpool Branch of the National Union of Teachers.
2. The Liverpool Branch of the National Association of Schoolmasters.
3. The Liverpool Schools Football Association.
4. The Catholic Schools Athletic Association.

Extracts from the reports of the Hon. Secretaries of these four Associations are here appended:—

By Miss M. M. Williams (Hon. Secretary, Sports Committee, Liverpool Branch N.U.T.):—

"The Sports Committee has much pleasure in presenting its Annual Report, "Once again it has organized Athletics, Hockey, Netball, Rounders and Swimming. "and enthusiastic support has been given by schools in all parts of the City."

#### NETBALL.

"The League entries for the Season 1936-7 were:—

Senior	...	...	...	...	41
Intermediate	...	...	...	...	24
Junior	...	...	...	...	11

"Liverpool again took part in the County Competition and made good progress "but lost to Manchester in the Final by 13 goals to 16.

"In the Knockout Tournament which followed this game Liverpool again met "Manchester in the Final and this time were the victors.

“Season 1937-8 was opened with an invitation tournament. Many schools took part and have found that their play has improved thereby.

“The entries for the current season are:—

Senior Leagues	...	...	...	34
Intermediate Leagues	...	...	...	28
Junior Leagues	...	...	...	20

#### HOCKEY.

“During the last few years the re-organisation of schools interested in this game has reduced the entries in this competition.

“It is noteworthy, however, that the play has now reached a good standard, and the Committee feels that increased facilities and growing enthusiasm in our Senior Schools in the suburbs will lead to a bigger entry in the near future.”

#### ROUNDERS.

“The Summer Term is always short, but that of 1936-7 was particularly crowded also. In spite of this there was the usual entry for Rounders, viz. :—

Senior ...	...	...	...	...	49
Intermediate ...	...	...	...	...	39
Junior	...	...	...	...	34

“The Rounders Handbook was again issued and had a large circulation.”

#### ATHLETICS.

“This year there has been a great increase in the interest in Athletics.

“Junior District Festivals were held at four centres on June 2nd, Long Lane, Back Lane, Sandown Lane and Jericho Farm, and all were enthusiastically supported.

“Senior District Festivals were also held at these centres on May 26th, and a special meeting for Preliminary Heats in Hurdles and Relay Races at Sandown Park on May 5th.

“The Senior Final Meeting was held at Sandown Park in the evening of May 26th and the standard of running and jumping attained was so high that the Committee felt that a good team would be available for the County Championship Meeting.”

#### LANCASHIRE COUNTY SPORTS.

“The Tenth County Championship Meeting was held at the grounds of the Liverpool Stanley Rugby League Football Club on June 12th, and 430 competitors took part.

“Liverpool Girls retained the trophy (Mrs. Aitken Shield), gaining 20 points. (Salford 2nd with 9) and Liverpool Girls and Boys retained the President's Trophy for aggregate points  $39\frac{1}{2}$  (Manchester 2nd, with  $25\frac{1}{2}$ ).

“Special mention should be made of the excellent Physical Training (Boys) and Dancing Display (Girls) which proved to be most attractive.

“The success of M. Scott, N. Davies and V. Burns led to their inclusion in the Lancashire team which competed in the National Sports at Brighton on July 17th.

“Here Nancy Davies jumped 14 feet 11½ inches and gained 3rd place in the “National Long Jump.”

#### SWIMMING.

“This branch of Sports Committee work is undoubtedly increasing in popularity.

“156 schools have entered for Certificates this year (137 in 1936) and 53 have “taken part in League Competitions.

“In the Derbyshire Memorial Trials held at Warrington, Lorna Lomasney “(Lister Drive) and Olive Edgerton (Banks Road) represented Liverpool and the “former came in second.”

#### THE COUTIE SHIELD.

“The Competition for this trophy has been very keen and last year’s runner-up “Banks Road S. has become the holder for 1937.

#### CERTIFICATES.

Third Class	...	...	...	...	2,162
Back Stroke	...	...	...	...	1,655
Second Class	...	...	...	...	1,276
First Class	...	...	...	...	572
					5,665 (5,002 in 1936)

#### GALAS.

“Eleven successful galas were held this year which included a new venture at “Harold Davies Bath, Dovecot.

#### ENCOURAGEMENT OF SWIMMING COMMITTEE.

“The trials carried out by the above Committee resulted in the award of 25 “Scholarships (47 in 1936). These Scholarships confer on the winners free Bath “Contracts for the coming season with membership of a recognised Swimming Club.

“The Sports Committee would thank all those teachers who, with never-flagging “zeal in their spare time after school hours, have worked so hard and made possible “these excellent results.”

By Mr. D. Snowdon (Hon. Secretary, Sports Committee, Liverpool Association of Schoolmasters):—

“Your Sports Committee has pleasure in reporting what is probably the most “satisfactory year of work on behalf of sports and athletics that this Association “has ever experienced.

“Every branch of the Sports Committee’s organisation remains vigorous and “efficient, and conspicuous success has marked Liverpool’s entry in the Lancashire “County inter-town Cricket Competition.”

## CRICKET.

“ The number of schools taking part was 100, a decrease of 4 compared with 1936. Despite the lengthened fixture lists, and the comparatively short time available, the Leagues finished their inter-school fixtures by the agreed date.

“ A Liverpool Schoolboy Eleven was chosen and as in previous seasons, matches were arranged with the Liverpool College.

“ Both games with Wallasey Schoolboys were won.

“ For the first time in the history of Liverpool Schoolboys' Cricket we entered the Lancashire County Inter-town competition and carried off the championship. Progress to the final was achieved by victories over Wigan, St. Helens, Flixton and Urmston, and Salford. The final, contested with Nelson boys at Nelson, on September 25th, was described by a Nelson journalist as ‘ Palpitating, he-man cricket, with no quarter craved or acceded,’ and all who were privileged to attend the final will cordially endorse the opinion. The scores were Liverpool 78, Nelson 68.”

## BASEBALL.

“ The number of teams participating in the various leagues shows a decrease of one on the previous season, but this is more than counter-balanced by the increased entries in the knockout competitions. Thus we are quite justified in stating that School Baseball is just as popular as ever.”

## ATHLETICS.

## JUNIOR.

“ Our third annual series of Junior Athletic Festivals have been carried out with marked success. The increase in the keenness and enthusiasm noted last year has been continued, along with a growing knowledge and intelligence among the young competitors which has greatly facilitated the task of stewards and has added materially to the quicker and smoother running of the festivals.

“ The Championship Festival was held at Sandown Park on 28th May, and the keenest, but most friendly rivalry, continued right up to the finish.”

## SENIOR.

“ Inter-school rivalry and enthusiasm ran high in the Senior Festivals.

“ Winners of the District events competed at the Main Festival, which was again held at the L.B.A. ground, Fazakerley, on Saturday, May 22nd. There was the usual keen competition for points. The Massed Physical Training Display was an added attraction and proved very popular with those present.

“ By invitation, the Lancashire County Elementary School Sports were held in Liverpool on June 12th, at the Liverpool Stanley Rugby ground. The Liverpool boys lost the Sir Lee Knowles Cup for the first time, but the Alderman Aitken Shield was retained by the Liverpool team of boys and girls.

“ In spite of the loss of the Cup, we were highly delighted with the success of  
 “ T. H. Evans of Highfield School, who ran a splendid race in the 880  
 “ yards and knocked  $5\frac{1}{2}$  seconds off the County Record. T. Evans and J. Kerfoot  
 “ of ‘ Gilmour ’ were included in the Lancashire team to compete at Brighton on  
 “ July 17th. Our Liverpool representatives did magnificently and Evans, who won  
 “ the half-mile in the record time of 2 minutes 13·8 seconds, has the proud distinction  
 “ of being the first Lancashire boy to gain the Meyerstein Trophy given for the most  
 “ outstanding performance of the day.

“ This performance led to another item in the history of Liverpool Athletics.  
 “ Evans was given a Civic Reception by the Lord Mayor at the Town Hall on Friday,  
 “ October 22nd, in the presence of the Chairman of the Education Committee, the  
 “ Director of Education and members of the Liverpool Athletic teams.”

#### SWIMMING.

“ Sixty-one schools entered the Swimming Leagues as compared with 58 last year,  
 “ but the number of teams entered increased from 175 to 195. It is very pleasing  
 “ to note that the number of teams has increased by 20, which means that the  
 “ tendency is for schools to enter two or more teams, and not just put in four swimmers  
 “ to make a race. The semi-finals were very keenly contested, and the Finals, at the  
 “ various District Galas, provided real thrills.

“ Ten District Galas were held and rather more enthusiasm and interest were  
 “ aroused than in former years. Held at Picton Road, the Champions’ Gala was a  
 “ model of what a successful gala should be.

“ The Individual Swimming Championships attracted 48 entrants, and 22 boys  
 “ were successful in securing the framed certificates for Standard times.

“ The Derbyshire Memorial Championship for Breast Stroke Swimming, which  
 “ is open to all boys of the Northern Counties, was won by E. Barlow of Banks Road.  
 “ W. Kinsman, Heygreen Road, secured second place. A slight decrease, compared  
 “ with last year, is shown in the number of certificates gained. The allocation was  
 “ as follows:—Beginners, 2,250; Distance, 1,300; Speed, 200; Proficiency, 27.

“ By winning the Northern Counties’ Schoolboy Team Swimming Champion-  
 “ ship, Garston C.E. School qualified for the Final of the English Schools’ Competition,  
 “ contested at Birmingham, and finished third. Our City Team has again had a  
 “ most successful season and has retained the Northern Counties Inter-town  
 “ Championship and J. W. Coe Challenge Shield.”

#### RUGBY.

“ The organisation of our Rugby League Competitions was considerably helped  
 “ by the publication of the first Liverpool Schools’ Rugby League Handbook, which  
 “ included rules, leagues, and complete fixture list.

“ The City Team was narrowly defeated by Leigh in the Lancashire Cup by  
 “ 5 points to 3. Friendly games were played late in the season at St. Helens  
 “ and Leigh.”

“ All this work on behalf of the physical and moral welfare of our boys is voluntarily shouldered by a host of teachers and entails the sacrifice of large slices of their leisure, a valuable contribution in social service, and one which is bringing about a steady but recognisable improvement in the standard of physique of our boys.”

By Mr. H. R. Atherley (Hon. Secretary, Liverpool Schools Football Association):—

#### FOOTBALL.

“ Internally the Association has had another very good year, with a record membership of over 150 schools playing in our Leagues.

“ As most of us are aware, the town schools are slowly diminishing in the numbers on Roll to the advantage of the newer school on the outskirts of the City. We welcome this migration if its means fresher air and better playing conditions; our honours list shows that it has a marked effect on our football.

“ The Senior and Junior Knock-out Competitions attracted an entry of 66 and 34 respectively, both showing an increase, the latter by 12 more schools. The ultimate winners of these competitions only emerged after some particularly hard games.

“ From the CATHOLIC SCHOOLS LEAGUES comes a very encouraging Report with regard to the increase of football in the schools—a record entry of 63 teams from 41 schools.

#### THE “ CHAMPIONSHIP ” GAME.

“ Once again this meeting to decide the Championship of the City brought together two splendid teams. ELLERGREEN ROAD as the leaders of the Open Leagues did well to beat the eleven lads from St. Teresa’s who represented the Catholic Leagues.

#### THE CITY TEAM.

“ Much as I endeavour to condense my report I offer no apologies for dwelling at some length upon the remarkable performances of our City XI. Perhaps the significance of the performances has not really dawned upon the people of Liverpool, but nevertheless we have the satisfaction of knowing that in the six years that this Association has been in existence it has attained a position pre-eminent in the world of schoolboy sport. The name of Liverpool has risen once again to the heights of fame, and we are honoured by our colleagues throughout the country.

#### ENGLISH SCHOOLS SHIELD.—WON.

“ Played 8. Won 8. Goals for, 46; Against, 9.

“ v. Nelson, 9—2; Bootle, 10—0; Chadderton, 8—1; Jarrow and Hebburn, 5—3; Manchester, 2—1; Barnsley, 7—2; Semi-final, v. Leicester, 4—2, and the Final, the only away game, v. Blyth, 1—0.

## THE LANCASHIRE SCHOOLS' CUP.—WON.

“ Played 6. Won 5. Drawn 1. Lost 0. Goals for, 27; Against, 7.

“ v. Warrington, 4—4 and 4—0 (this away); Southport, 7—0; Rawtenstall, 6—1; Semi-final, v. Bolton, 4—1 and the Final, v. Manchester, 2—1. All games, but the one, being at home.

## THE MERSEYSIDE “ DIMMER ” CUP.—WON.

“ Played 4. Won 3. Lost 0. Drawn 1. Goals for, 18; Against, 1.

“ v. Waterloo, 8—0; Birkenhead, 1—1 and 5—0. Final v. Wallasey, 4—0.

“ The W. R. WILLIAMS CUP Match v. Bootle, won 6—0.

## TOTAL COMPETITION GAMES.

“ Played 19. Won 17. Lost 0. Drawn 2. Goals for, 97; Against, 17.

## FRIENDLY GAMES.

“ Played 8. Won 7. Lost 1. Drawn 0. Goals for, 39; Against, 11.

## HONOURS LIST.

“ In consequence of their play in the City team many of the boys have brought further honours upon themselves and made another record for the City. As well as being the proud possessors of two Gold Medals and two Silver Medals two have attained international rank and no less than seven have played for their County.

“ A further venture undertaken during the year was the exhibition of the FOOTBALL ASSOCIATION series of films instructing correct play by the example of well-known players and clubs.

“ From a tentative suggestion of one showing only, the scheme grew until eventually the FOOTBALL ASSOCIATION INSTRUCTIONAL FILM was shown on nine occasions in one week to more than 10,000 boys from our schools, in school time. We are greatly indebted to the Director of Education for his warm interest in the project and enabling scholars to attend cinemas as an ‘ Educational visit.’

“ There is one further point which I would like to bring out with regard to our boys. Everywhere they have been their behaviour has been most exemplary and has brought great credit on themselves and on their City. We notice from year to year that this attribute of general behaviour varies considerably. For this year’s boys we can honestly say that we have had none better. Their style of play, too, has been highly commended by critical authorities, again bringing credit to those who have trained them, not only in our team but also in their own schools.”

By Mr. H. G. Turner (Hon. Secretary, Liverpool and District Catholic Schools Athletic Association):—

“ Every branch of the Association’s many activities continues to flourish under the capable hands of sub-committees, and I am pleased to state that a new field of



'activity has been entered. I refer, of course, to the massed display of Dancing and Physical Training, which it is to be hoped, has already gained many supporters.'

#### DANCING AND PHYSICAL TRAINING DISPLAY.

"12 schools supported the Boys' Display, providing more than 300 very keen boys, whilst 9 Girls' schools supplied 250 energetic and graceful dancers. The first Display took place on Liverpool F.C. ground, in May, and was used as a curtain-raiser to football finals. Three rehearsals before the Final showed that the work of the representatives had been well done. My sincerest thanks go to those representatives for their wonderful support in making this, our first venture in Display work, such a great success."

#### ATHLETIC FESTIVAL.

"Owing to very bad weather our preliminaries were postponed three times, and we were unable to carry out our usual plan of holding the Sports on Liverpool's ground.

"2,900 children, boys and girls, entered for the Sports, and provided 918 children for the Finals, which were held at Thingwall Park."

#### CRICKET.

"We regret a loss of two teams in the Leagues. 26 Schools entered for League and Knock-out Competitions. The enthusiasm and support have not lessened, even though we report a decrease."

#### BASEBALL.

"20 schools provided very interesting matches of a pleasingly high standard. There have been occasions in the past when we have feared for the continuance of this activity. Those fears have been groundless for the support and keenness in this activity is growing stronger each year."

#### SWIMMING.

"29 Schools entered for Boys' and Girls' Swimming Leagues, and it is really pleasing to record that every fixture was completed. The standard of swimming is yearly improving, style and speed being remarkable. We are interested to note the number of very young swimmers taking part even in school teams.

"Two galas were held, the Boys at the William Roberts Bath, Norris Green, and the Girls at Lodge Lane. Close on 1,300 children entered for these two galas and provided thrilling entertainment.

"The work of the Swimming Representatives deserves special praise for not only do they support this Association's Galas, but they also organise their own school galas as well."

#### ROUNDERS.

"18 Schools formed three Senior Leagues and one Junior League. League and Cup Competitions were keenly contested and provided many close games. The

“ Junior League, quite a recent innovation, well repays the organisers for the attention  
“ devoted to it.”

#### NETBALL.

“ The season opened with 20 entries for the Senior League and 14 for the Junior  
“ League. Four leagues were arranged for the Seniors and two for the Juniors.  
“ Eighteen schools entered for the Netball Cup.

“ We look forward to the next season with confidence and great expectations.  
“ Arrangements have now been made for the Athletic Festival and several new  
“ schools have come forward to support the Massed Display of Physical Training and  
“ Dancing to be held in May.”

In concluding this report, the Inspector of Physical Training wishes to congratulate all teachers who have taken part in the teaching, training and coaching of the boys and girls of the Elementary Schools of Liverpool in their athletic activities, on the successful results obtained during the year.

It is suggested that the Elementary Education Sub-Committee be asked to approve that a letter of appreciation be sent to each of the four Sports Associations referred to in this report.

ALFRED E. HARRIS,

*Inspector of Physical Training.*

*February, 1938.*